



The United States Army presents an interactive life  
preservation training program



# THE HOME FRONT



FACILITATOR'S GUIDE



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## Disclaimer

The concept behind the development of this training tool using the Virtual Experience Immersive Learning Simulation (VEILS®) methodology is built around the Lincoln University Model for Suicide Prevention and its Life Preservation Index. The model views suicidal ideation and behavior as the result of a combination of structural, cultural, social and individual factors. The index outlines how social connectedness serves as an effective buffer towards suicidal ideation and subsequent suicidal behavior. This multi-dimensional approach, combined with the methodology of WILL Interactive, Inc., led to the development of the story lines in this VEILS®.

Lincoln University, the Army Research Laboratory and WILL Interactive, Inc., the producers of this VEILS®, disclaim any and all responsibility for any action that any individual takes—or does not take—under any circumstance in real life.

The purpose of this VEILS® is to share information and stimulate thought about situations and issues that may be encountered in real life. It does not provide any guidance and is not a source of any policy. Individuals should

always assess the unique circumstances of each situation they encounter and respond as they determine to be appropriate based upon the aggregate of their knowledge and experience.

This VEILS® is not intended to prescribe any course of action to be followed in any real-life situation, whether or not that situation is the same as—or similar to—one portrayed in this VEILS®. This VEILS® does not replace human interaction in any manner whatsoever.

A portion of the research for the development of this training tool was sponsored by the Army Research Laboratory and was accomplished under Cooperative Agreement Number W911NF-07-2-0062. The views and conclusions contained in this document are those of the authors and should not be interpreted as representing the official policies, either expressed or implied, of the Army Research Laboratory or the U.S. Government. The U.S. Government is authorized to reproduce and distribute reprints for Government purposes notwithstanding any copyright notation hereon.

## More Information

This Virtual Experience Immersive Learning Simulation (VEILS®) is a component of the Life Preservation Training curriculum offered through Lincoln University-Missouri's Center for Suicide Prevention Research and Studies.

For information, please contact: Dr. Abdoulaye Bah [baha@lincolnu.edu](mailto:baha@lincolnu.edu), or Ché Wilson [wilsonc@lincolnu.edu](mailto:wilsonc@lincolnu.edu) or call (573) 681-5225 or (573) 681-5227.

For more information about **The Home Front** and/or other WILL VEILS®, visit [www.willinteractive.com](http://www.willinteractive.com) or call 1-877-ALL-WILL (255-9455).

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# INTRODUCTION



Lincoln University, an historically Black university founded in 1866 by the enlisted men and officers of the 62<sup>nd</sup> and 65<sup>th</sup> United States Colored Infantries, is located in Jefferson City, Missouri. These heroic men, who fought for the freedom of African Americans and the stability of the Union, continued a civilian war against the absence of education for African Americans. What began as a conversation around a campfire at Ft. McIntosh, Texas became a blueprint for an institution that today boasts a diverse student population and nationally accredited programs. Given its humble yet determined beginnings, Lincoln University is honored and deeply appreciative to have worked with the United States Army in the 21<sup>st</sup> century as a partner in developing two suicide prevention and training tools.

The collaboration between Lincoln University, the Army Research Laboratory, WILL Interactive, Inc., and the Office of the G-1 has produced a second training module for suicide prevention. Those involved in this effort include:

## Lincoln University

Abdoulaye Bah, Ph.D.	Sociologist, Principal Investigator
Ché Wilson, M.A.	Researcher
Antonio Holland, Ph.D.	Researcher
Linda Fatkin, M.A., Psy	Researcher, Board Certified Traumatic Stress

## Army Research Laboratory

Madeline Swann, Ph.D.	Cooperative Agreement Manager
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## Office of the G-1

Walter Morales	Army Suicide Prevention Program Manager
Ray Rosales, LTC U.S. Army (Retired)	Project Officer

## WILL Interactive

Grady Weatherford	Director
Karen Palting	Senior Producer
Vallery Linn	Producer
Chris Stezin	Writer

# RUNNING THE PROGRAM

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**The Home Front** is available in both disc and online formats. If you are using the disc version, the program should automatically launch in your default web browser when it is inserted in your computer's DVD drive. If your computer does not have the required version of Adobe Flash, you will automatically be prompted to install it. If the program does not self-start, please complete the following steps:



## Windows Users

1. Insert **The Home Front** into your DVD-ROM drive.
2. If **The Home Front** does not self-start within 30 seconds, follow the next steps:
  - a) Open Windows Explorer (My Computer) and browse to your DVD drive.
  - b) Double-click on "The\_Home\_Front.exe".



## Mac Users

1. Insert **The Home Front** into your DVD-ROM drive.
2. Double click on the **The Home Front** disc icon on your desktop (or browse to it's location in the Finder).
3. Double click on "The\_Home\_Front.app".

## System Requirements:

- Windows XP, Vista, or 7 / Mac OS 10.4 or higher
- Adobe Flash Player 10+
- 1GHz or faster processor (2GHz recommended for full-screen playback at high resolutions)
- 256MB of RAM (512MB recommended)
- DVD-ROM Drive
- Video Card & Display (1024 \* 768 minimum resolution)
- Sound Card & Speakers / Headphones
- Keyboard & Mouse

# TECHNICAL SOLUTIONS AND SUGGESTIONS

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## Projecting for a Large Audience

**The Home Front** can be projected onto a screen for large audiences, given the right equipment, *if the classroom/auditorium is already set up to project multimedia.*

*If the classroom auditorium is only set up to use or project TV/VCR images* and you want to project **The Home Front**, you have two options.

1. Large Computer Monitor (21" or more) for a small group.
2. Computer Projection System with LCD projector for large groups.

## Graphics/Color Issues

**The Home Front** is designed to work best in a screen resolution of at least 1024 by 768, with at least High Color (16 bit) color palette/depth.



# INTERACTIVE MOVIE OVERVIEW

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**The Home Front** is a Virtual Experience Immersive Learning Simulation created to address some of the need for suicide awareness training and prevention for the U.S. Army. The instructional content of the program is based on Lincoln University's Risk Assessment Model using social indicators to determine risk and protective factors for suicidal ideation. This model emphasizes a holistic approach to looking at suicide through structural, cultural, social, and individual factors. The program also incorporates elements of the U.S. Army Public Health Command's Suicide Awareness for Soldiers/ACE curriculum as well as a resiliency component.

## Goals

The goals of this program are: to provide you with basic knowledge in recognizing the warning signs and risk factors for suicidal ideation in others and in yourself; to provide insight as to how to intervene to help possible victims; to educate you regarding the causes of suicidal ideation and behavior; to stress the importance of developing and maintaining strong social bonds; to convey that mental wellness and awareness of high-risk situations can reduce the likelihood of acute depression and suicide in the future; to provide a guide for emotional balance and resilience as protective factors; and, to encourage the development of critical thinking, decision-making and problem-solving skills to help prevent suicide.

## Instructional Design



The software allows you to assume the roles of fictional characters and to see the consequences of the behaviors you select in a non-judgmental interactive movie. The software engages, entertains, and utilizes behavior modification techniques and skills that include: reinforcement (both positive and negative), critical thinking, decision-making, communication, problem solving, building on existing strengths and learning through consequences.

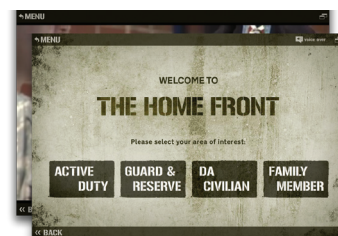
# TIPS FOR PLAYING

## Navigating the Program


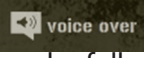
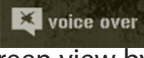

When a vignette plays to its conclusion, the program will automatically move to the next screen. You must manually click out of text screens.

The *next* and *back* buttons appear at the bottom of almost all screens.

- The *back* button  allows players to go back and make a different choice.
- The *next* button  sends players to the next screen or video.



In video screens, the *next* and *back* buttons appear with a movie player control (see below). These controls will appear briefly at the beginning of each video and will reappear when the cursor is rolled over the screen.







Clicking on the *menu* button  returns the player to the beginning. Prior navigation will not be saved. The *voice over* button toggles voice-over audio recordings of the on-screen text. When the button is set to the  position, voice-over will be heard; when it is set to , it will not be heard. The *full-screen* button toggles full-screen mode. You can expand the program to full-screen view by clicking on . When in full-screen mode, click the button again to exit full-screen and return to normal view. You may also use the ESC key to exit full-screen mode at any time.

Choices are highlighted as they are made, so when you back up, get “kicked back” into an earlier part of the program, or return to the menu and start over, all decisions previously made will be highlighted. These highlights only indicate previous choices; they do not stop you from making the same choice again. In order to erase these highlights, you must refresh and/or restart the program.

## Movie Player

When you start the interactive movie or make a decision, the movie player window will appear. The movie should begin automatically.

**Several other controls are available on the tool bar below the video:**

- **Play/Pause.** Once the movie has started, the play button  will turn into a pause button ; when you click the pause button, it turns into a play button again.
- **Stop.** Click the stop button  any time to stop the video. Click the play button to resume the video from the beginning.
- **Running Bar.** You can move back and forth within a video by clicking and dragging the running bar directly below the video. 
- **Closed Captioning.** This button toggles the visibility of text captions for video dialogue. When the button is set to the  position, closed-captions will be displayed; when it is set to , they will not be displayed.

# PLAYBACK PROBLEMS

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## Video Skips and Hesitations

**The Home Front** is not made for older computers. Skips and hesitations in the video indicate that part of your computer cannot keep up. This is generally caused by a lack of either CPU processor speed, amount of physical memory (RAM) or both.

If you have the minimum system requirements, you may be able to improve performance by closing all other applications and/or decreasing your desktop resolution.

## No Sound

Double-check the wires—ensure that your speakers are properly connected, that they are turned on and the volume is up.

If you still do not have sound, contact your computer support team and tell them you may have a problem with your sound card or speakers.

# USAGE OPTIONS AND TIME REQUIRED

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**The Home Front** is designed for use as both a facilitated instructional tool and as a self-instructed, self-paced activity. Choosing the instructional method depends on available time, resources, and personal preferences.

When using the program individually, one complete pathway for both characters can be finished in approximately one hour.

## Warning:

Although there are no explicit depictions of suicide or death, **The Home Front** is based on real events. Survivors of suicide and/or combat veterans may have strong reactions to some of the situations depicted in the VEILS®. **Warning: vivid combat re-enactment scenes**<sup>1</sup>

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<sup>1</sup> According to Bryan, L.E. Dhillon-Davis and K.K. Dhillon-Davis (2009), viewing video-based media has been found to be a safe educational tool.



# SELF-INSTRUCTION

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**The Home Front** is designed to function as a facilitated instruction tool and as a self-instructed, self-paced activity. You may elect to work individually or in small groups.

Schedule instruction time so a facilitator/instructor can be available for consultation whenever possible.

Pay close attention to the choices that you make and the information provided following your decision. The information presented may reinforce your decision. Other times, it may ask you to reconsider your decision. The scenarios that follow as the result of your decisions should also make you think about the quality of the decision that you made.

## Synopsis of Discussion Points

1. Recognize warning signs of suicidal ideation;
2. Recognize risks factors for suicidal behavior;
3. Emphasize the importance of social support (family, friends, spirituality and religious practices) in preventing suicidal ideation;
4. Identify the role of effective communication skills in addressing behavioral health issues;
5. Describe the importance of balancing family and career duties;
6. Enhance awareness about resources available to military families regarding behavioral health issues; and,
7. Explain the importance of resiliency as both a coping mechanism and a tool for self-preservation.

These discussion points serve as guides to create a well-rounded learning experience that will cause participants to explain and defend the choices made for each character within each scenario. In line with effective communication, it is not necessary to characterize a response as wrong or negative; rather, as the instructor, your mission is to introduce and explain positive, life preserving responses that are reflective of the learning objectives for the film.

**Thank you for your commitment to life preservation and for your time as the group facilitator.**

# PROGRAM DIAGRAMS

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The purpose of the program diagrams, **pages 11-22**, is to provide a reference and guide for navigating the pathways. The duration for completion of pathways are provided and are based on playing “straight through” to an outcome and pausing for text screens. Following a bad outcome and being returned to the beginning of the program, backing up to explore multiple choices, and longer pauses at text boxes have not been factored into the approximate playing times.

In order to present the most efficient and understandable representation of the program, these diagrams move from choice to choice. The videos and text boxes that populate the program between choices are not indicated. There may be several video clips and text boxes between any two choices.





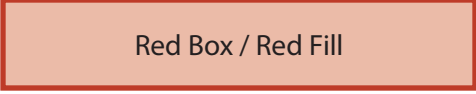


**Page 10** contains the key for the diagrams and their color coding.

## NOTE TO USER:

For individual play, it may be beneficial to copy these diagrams. Each decision has been numbered to aid in facilitation; you can walk through a specific pathway using the decision numbers (e.g.—“At Dowdell decision number five, “Do you want to pick up the phone?” choose ‘Yes.’ At decision number six, choose ‘*Ethan didn’t want to get out of bed this morning,*’ etc.)

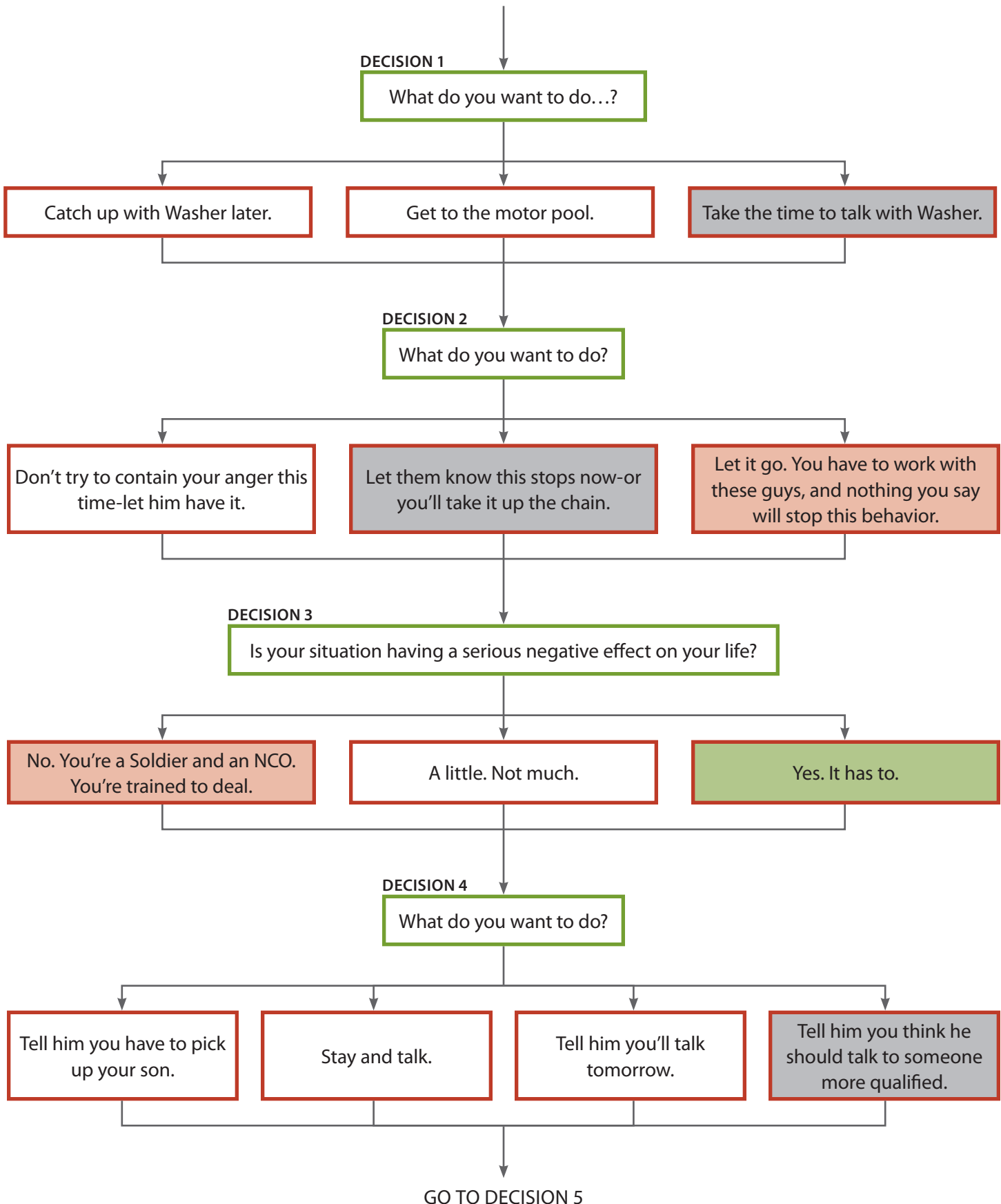
The diagrams are provided as aid for the navigation to bad and good outcomes. They should not be interpreted as a linear step-by-step guide for using the program. The interactive methodology used to build the program will prevent the user from reaching certain decision points (especially when a bad outcome occurs). In these instances the user is redirected to a decision point to allow alternative choices for a positive outcome.

## Diagram Key

	=	<b>Question</b>
	=	<b>Choice/Active Link — No effect on ending</b>
	=	<b>Choice/Active Link — Best choice, but no effect on ending</b>
	=	<b>Choice/Active Link — Pathway to positive ending</b>
	=	<b>Choice/Active Link — Pathway to bad ending</b>
No Box	=	<b>Navigation</b>
	=	<b>Positive Ending</b>
	=	<b>Bad Ending</b>

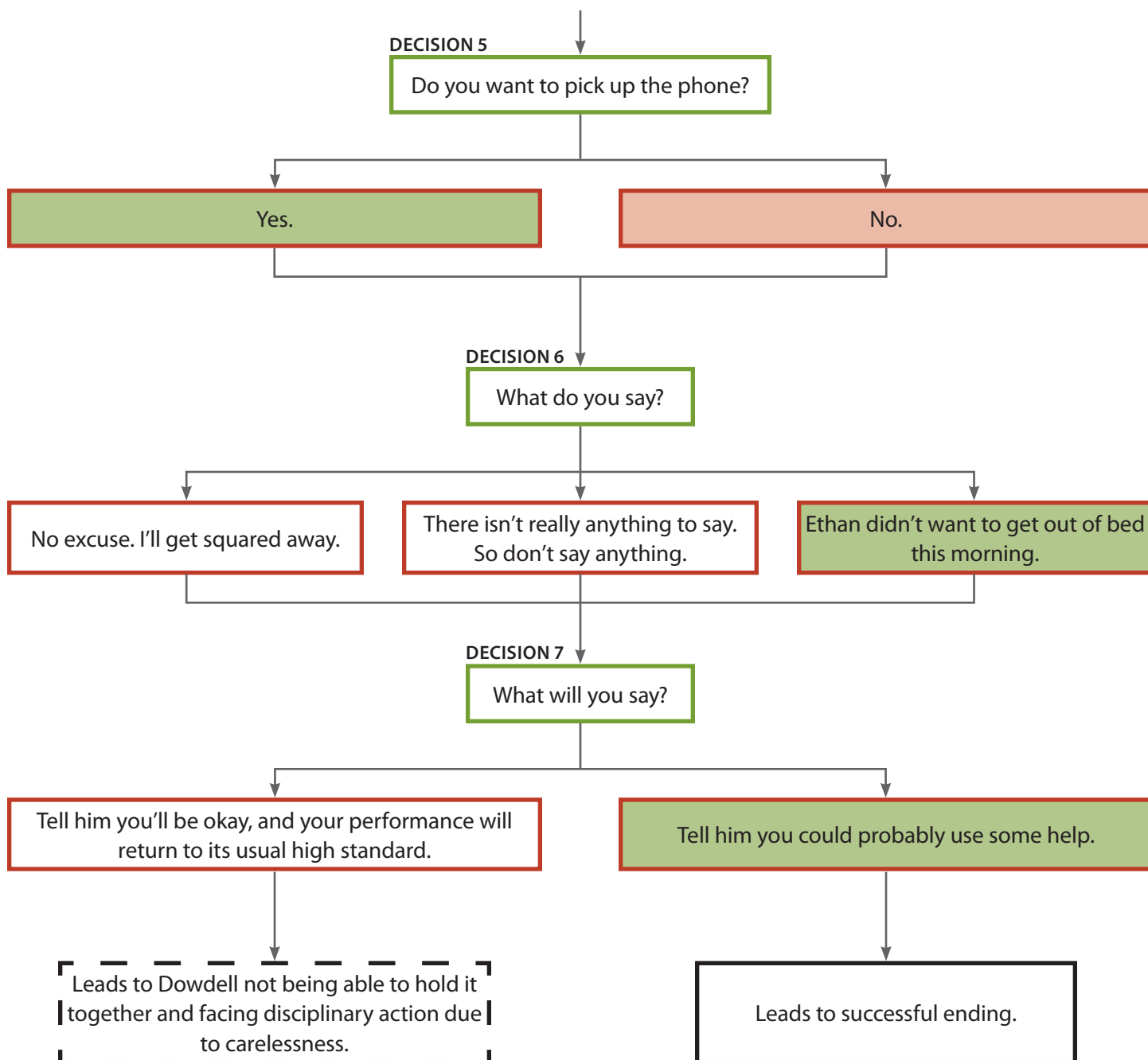
## ELIZABETH DOWDELL

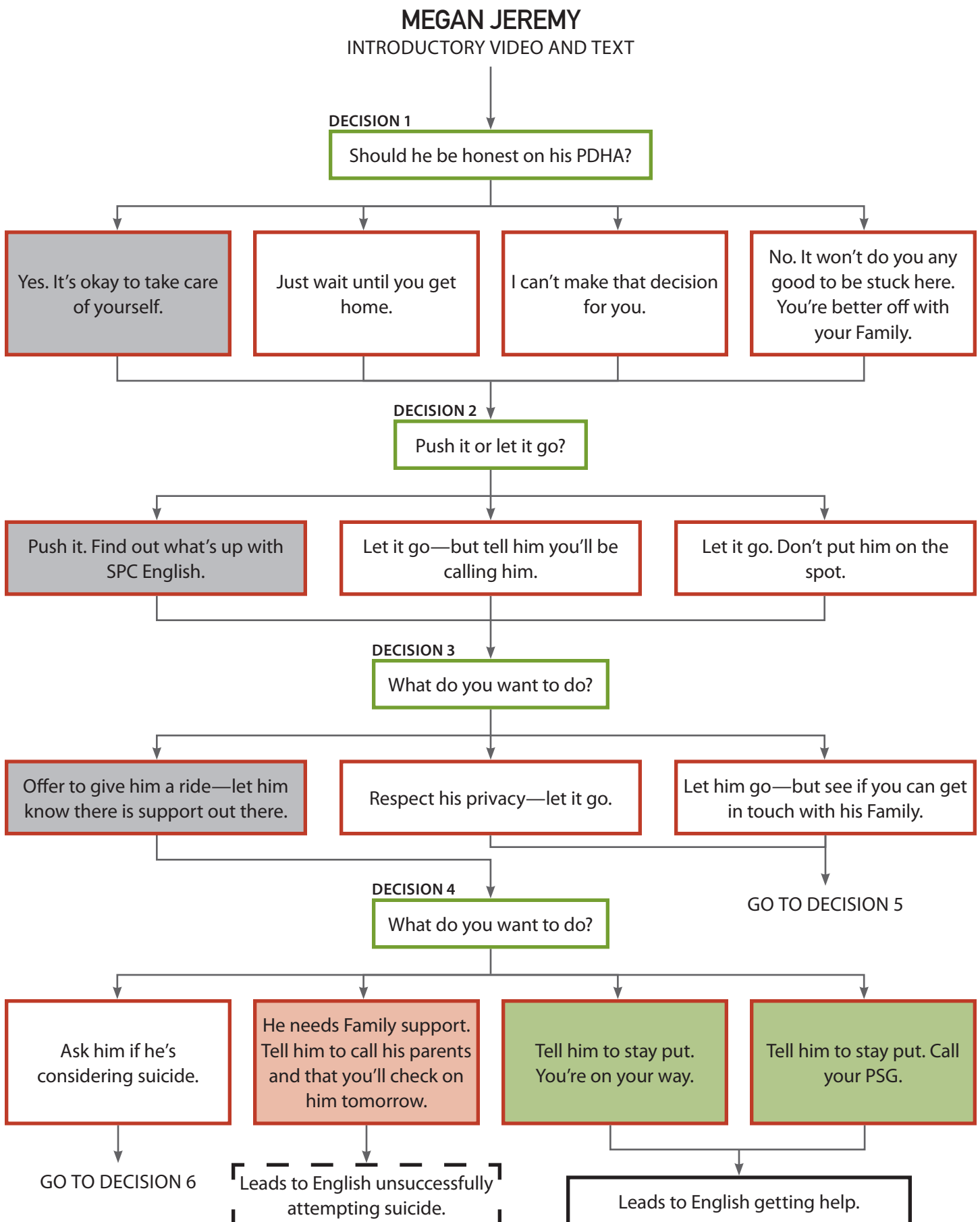
INTRODUCTORY VIDEO AND TEXT



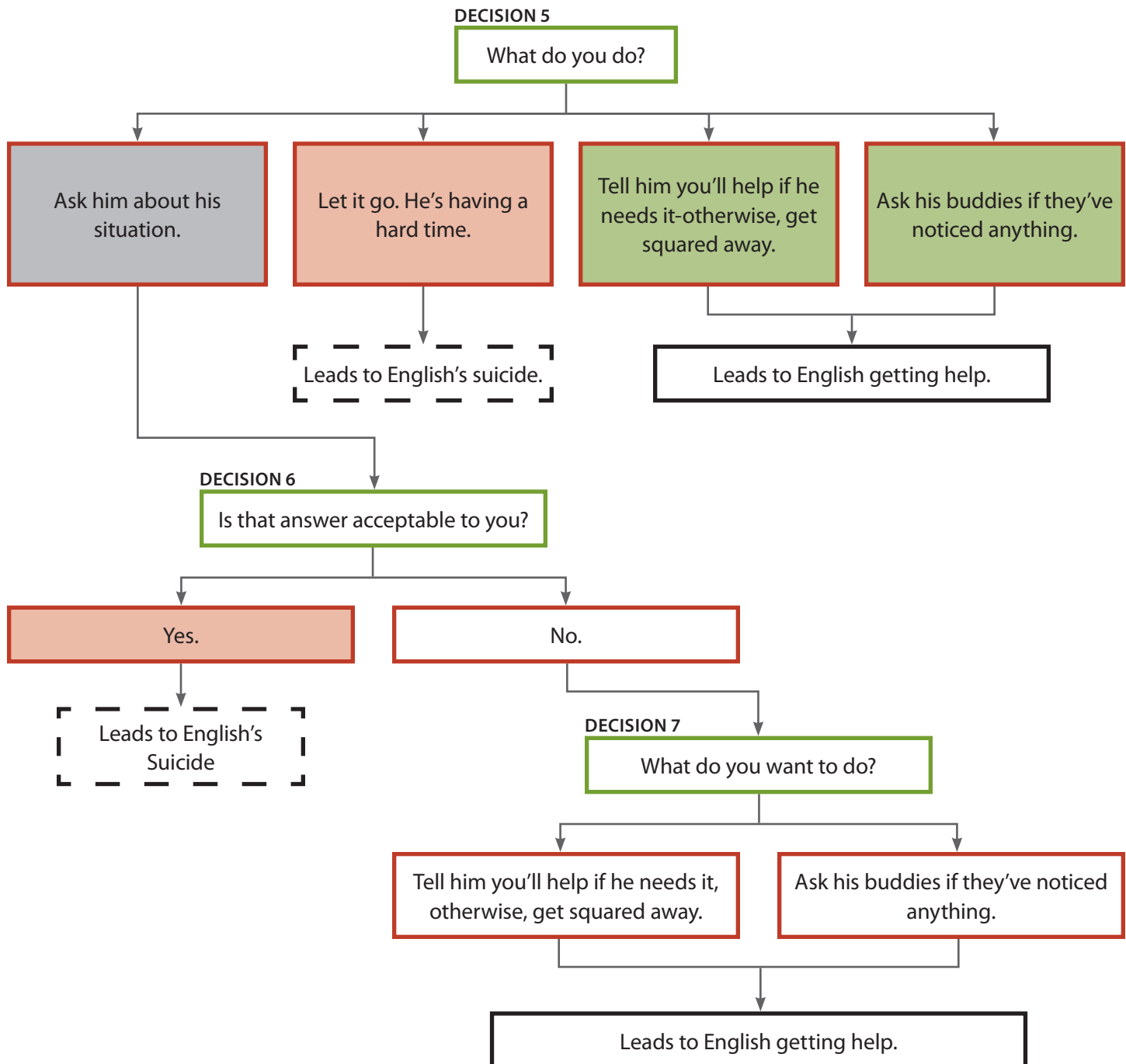


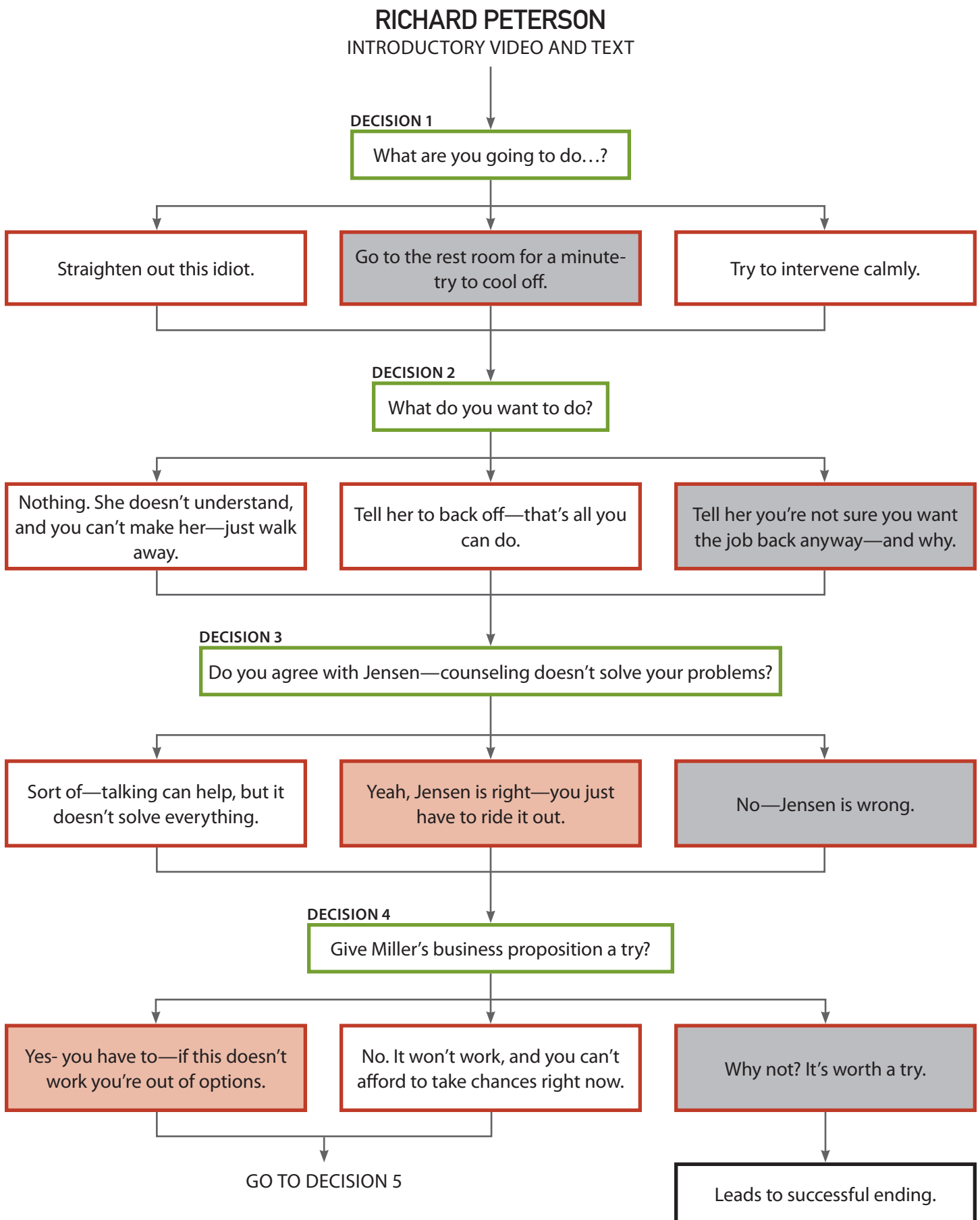
## ELIZABETH DOWDELL (CONTINUED)





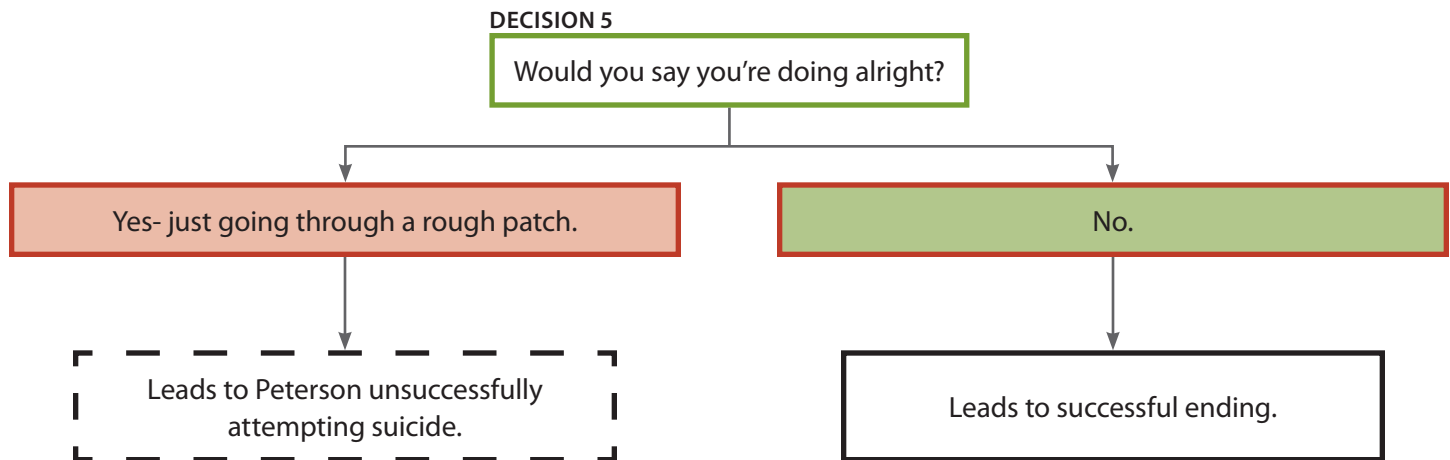
## MEGAN JEREMY (CONTINUED)







## RICHARD PETERSON (CONTINUED)

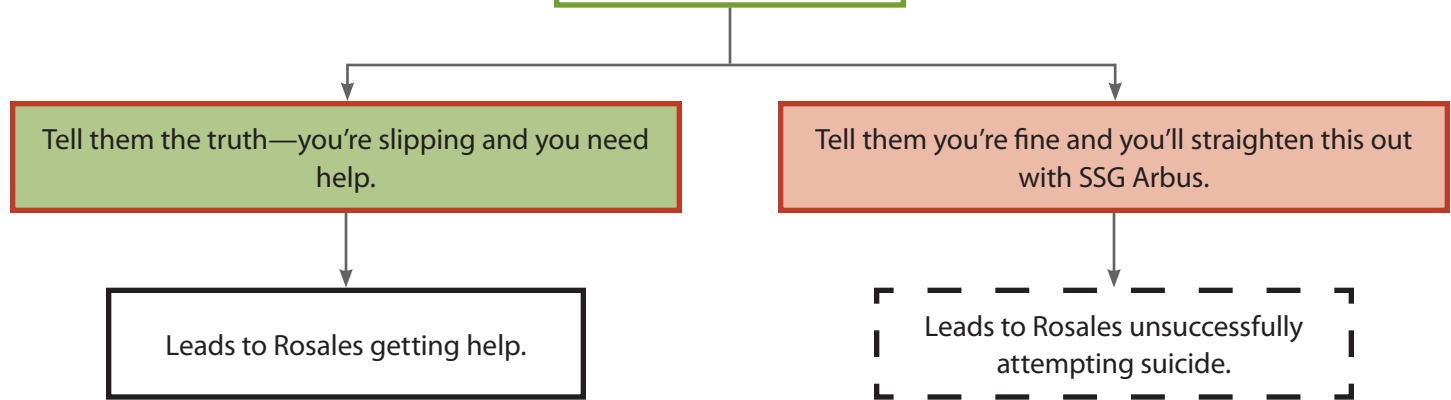


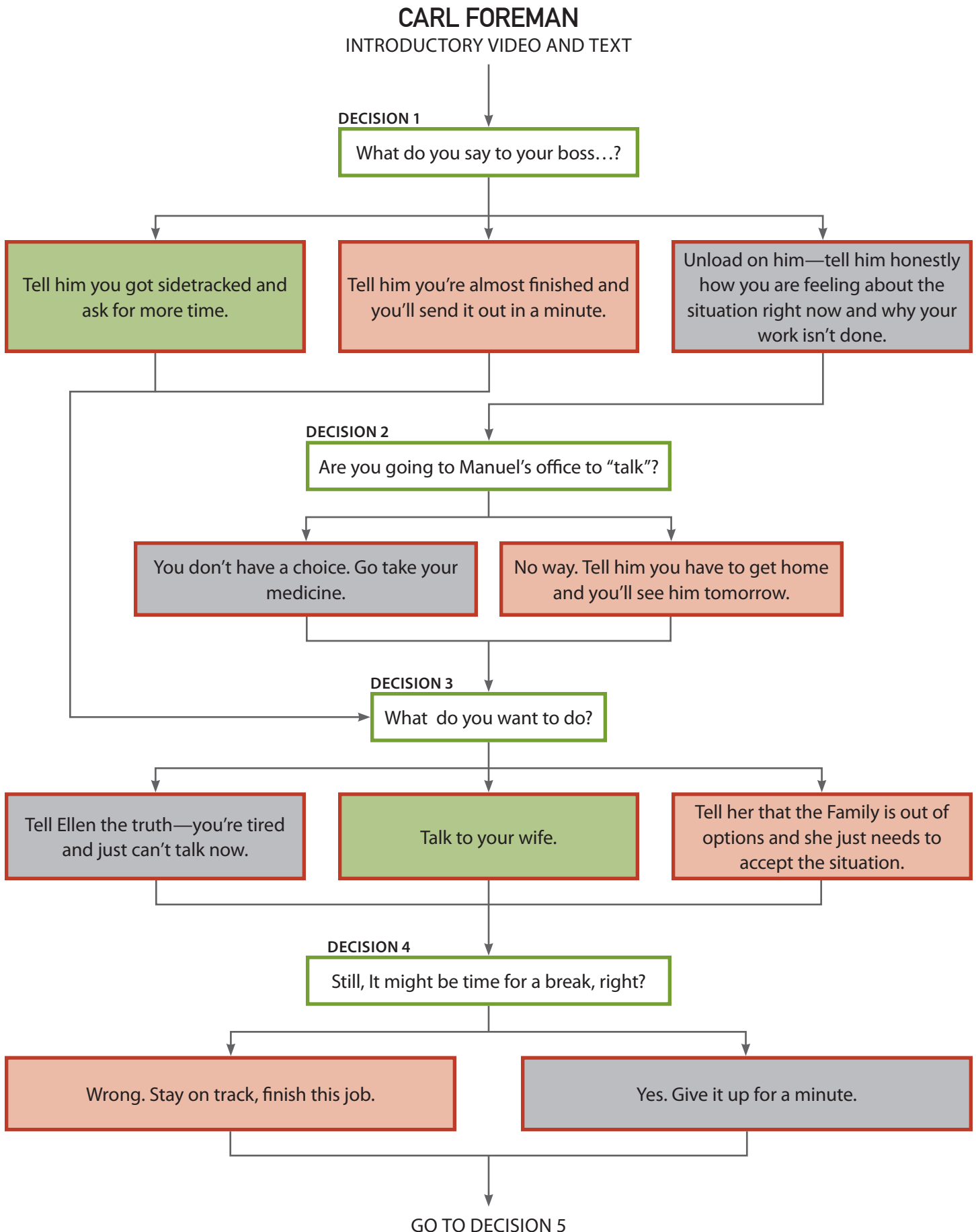


## ANTONIO ROSALES (CONTINUED)

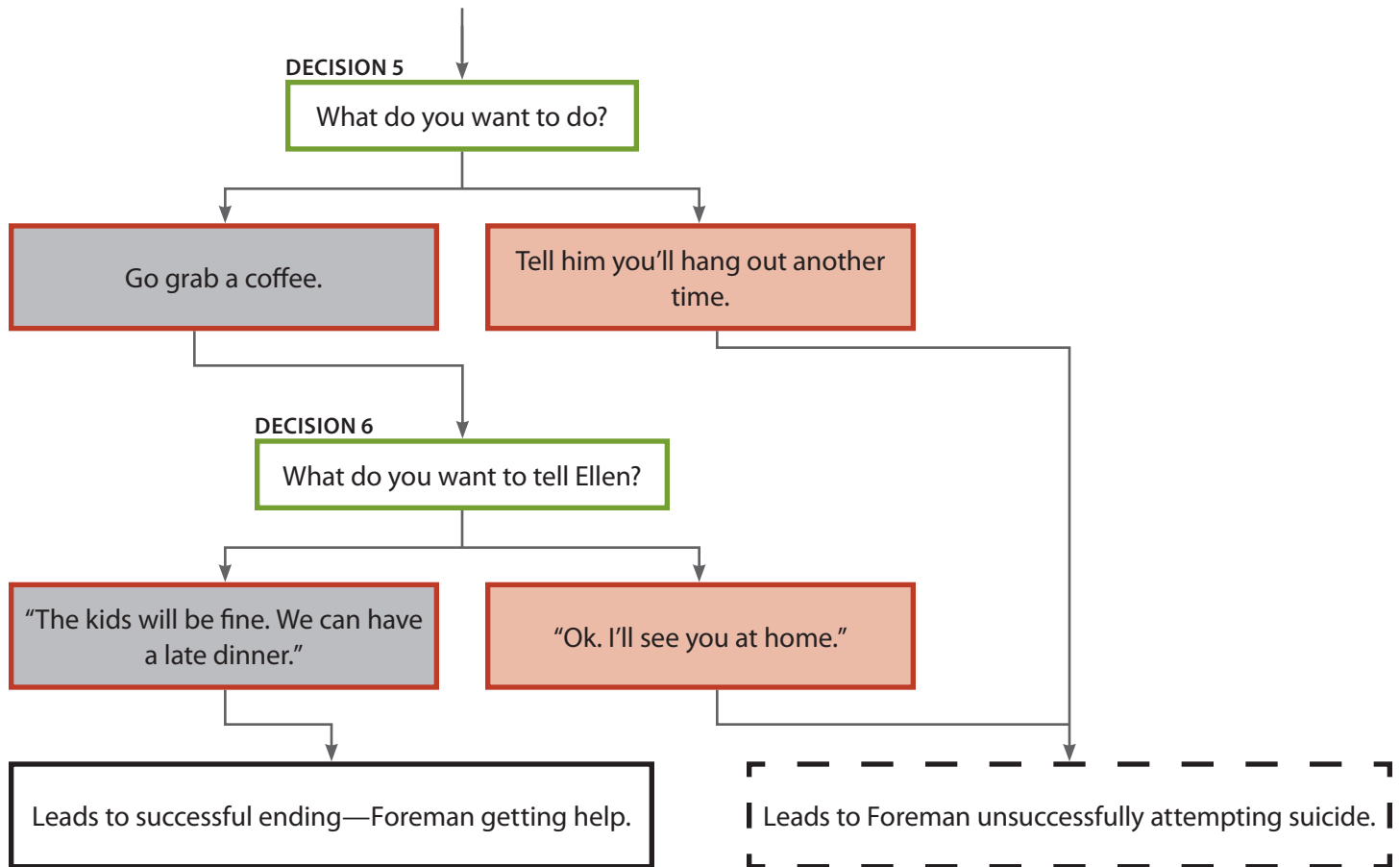
### DECISION 5

What do you want to do?



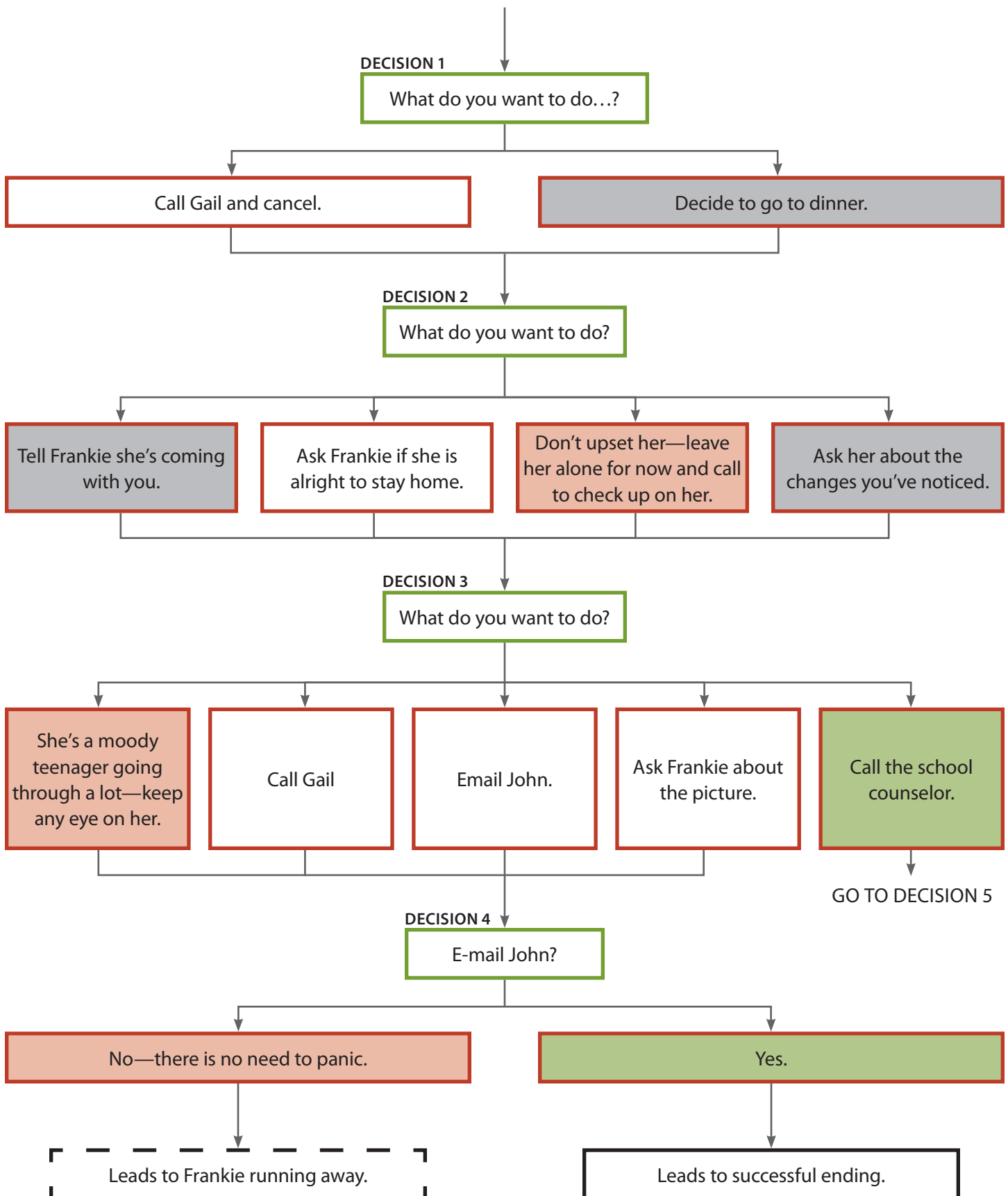


## CARL FOREMAN (CONTINUED)



# MARIA CARTWRIGHT

## INTRODUCTORY VIDEO AND TEXT



## MARIA CARTWRIGHT (CONTINUED)

### DECISION 5

You now have a list of resources-but you are still worried about your husband's career.  
What do you want to do?

Keep a close eye on her.

Leads to Frankie running away.

Use information to get help.

Leads to successful ending.

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# SUGGESTIONS FOR THE FACILITATOR

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## 1. Welcome Trainees

Explain to your students that this VEILS® program is about life preservation, specifically teaching Suicide Awareness and Prevention. Emphasize that this knowledge is critical to the successful accomplishment of the Army's mission to thoroughly educate its employees regarding best behavioral health practices. The instructional content of the program is based on Lincoln University's Risk Assessment Model using social indicators to determine risk and protective factors for suicidal ideation. This Model emphasizes a holistic approach to looking at suicide through structural, cultural, social, and individual factors.

This VEILS® program:

- Presents the major issues of Suicide Awareness and Prevention
- Introduces concepts of Risk Factors, Warning Signs, Compounding Factors, Protective Factors
- Sharpens observation and critical thinking skills
- Demonstrates the ways in which to apply Army Core Values to behavioral health issues
- Attempts to reduce the stigma associated with behavioral health issues
- Encourages members to be proactive in seeking help for both themselves and their buddies

Inform students that they will use the interactive video to learn about risk and protective factors related to suicide and engage in role-taking and role-playing by making decisions for each main character. In assuming the role of the main character, the decisions the students make will have subsequent positive, life-saving, or negative, life-threatening, consequences.

## 2. Administer Lincoln University Survey<sup>2</sup>

Located in Appendix B, this survey will be given before the initial viewing of the video and after the final viewing of the video. All participants will be assigned the same unique identifier for both surveys. Please make sure that each student writes his/her assigned number on both surveys.

## 3. Starting the Video

Play the introduction video by clicking "Next" from the last page of opening text.

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<sup>2</sup> This survey is NOT mandatory.



## 4. Starting the Character Modules

Click on a character to begin playing. Be sure to read [Using Decision Roadmaps](#) and the [Decision Roadmaps Key](#). Be advised that these two (2) tools are for the instructor's use only.

## 5. Using Decision Roadmaps

Decision roadmaps are flowcharts. The flow charts clearly show the navigational choices that the six (6) major characters can follow.

The flow charts can be used in place of a written script. They assist you in teaching and are easy to understand and follow. A combination of boxes for video clips, teaching points, decision tree and possible choices guide through each character's story. The shapes and colors make it easy to know what is happening, as well as to describe the decision points that each playable character reaches.

You may follow the green lines and boxes for the pathway that demonstrates the best course of action to support suicide awareness and prevention. Red pathways depict what happens when less favorable choices are made.

There are several shapes and colors in VEILS flow charts.

- White squares and rectangles with black outline and 90 degree corners show wording from the text screen that appear on your screen.
- White squares and rectangles with rounded corners and gray outline show selected wording from the VEILS video script. They describe the story action.
- Green and red outlined squares and rectangles note a decision point.
- Shapes with a solid GREEN outline show the route that is most consistent with Army Values.
- Shapes with a solid RED outline denote incorrect choices that lead to the physical act of suicide.

The flow charts also contain icons. Icons are pictures that help you teach ideas, rules, and policies. When an icon appears on a flow chart, look for its explanation on the companion page below it. Each explanation can be read aloud as a teaching point and discussed.

## 6. Discussion Themes and Questions

The Discussion Themes that appear before the guided outline for playing each character are to be stated and explained before viewing the scenario so that viewers will be able to see how each theme is incorporated and/or played out within the video. After viewing the video, discuss how these themes impacted the characters and the decisions ultimately made by them.

Each scenario has a set of discussion questions that will reinforce the learning objectives. It is crucial that participants discuss these questions and get an opportunity to respond to them. This exercise, best facilitated in small groups of no more than 30 people, will enrich the viewing experience and provide a basis for assessing individual self efficacy in both identifying at risk individuals and knowing what to do to provide those at-risk individuals with help. As discussion devel-

ops, remember to highlight the key learning objectives by asking how they are reflected within the participant's decision choices. For example, if a Soldier explained his/her choice of not joining friends for dinner as an acceptable choice, remind him/her that social support serves as a key buffer to suicidal ideation. Again, utilize discussion as a way to ensure that everyone has processed the intended lessons learned.

These Discussion Questions serve as guides to create a well-rounded learning experience that will cause participants to explain and defend the choices made for each character within each scenario. In line with effective communication, it is not necessary to characterize a response as wrong or negative; rather, as the instructor, your mission is to introduce and explain positive, life preserving responses that are reflective of the learning objectives for the film.

## 7. Learning Objectives

The purpose of this second installment of the life preservation curricula is to build upon the basic concept of recognizing suicidal ideation and behavior within the self and others by presenting life challenges and providing a safe way for the characters to deal with them. Built into the storylines of each of the six scenarios are learning objectives derived from our theoretical model of suicidal ideation and behavior. This model focuses on the interplay of individual, social and structural levels as possible dimensions of risk assessment for suicidal ideation and behavior. Some of these learning objectives are listed below:

- Learn about the importance of support systems (family, friends, religious affiliations, military units, etc.) in suicide prevention
- Learn how to address and reduce the effects of stigma on seeking behavioral health
- Learn about evidence-based suicide facts
- Develop the self-efficacy required to take positive action
- To be able to differentiate between risk factors, warning signs, compounding factors, protective factors
- Become familiar with suicide terminology
- Correctly identify myths and misconceptions regarding suicide
- Critically process information related to suicide
- Understand the importance of communication/reaching out

# STORY SYNOPSES AND CHARACTER OUTLINES

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## Elizabeth Dowdell



Elizabeth Dowdell is a professional and caring Soldier confronted with the demands of her job and her Family. She provides an open ear to Washer, a fellow Soldier experiencing some behavioral health issues. The demands of her job have reduced the time she has to devote to her Family needs, especially her son, Ethan. Fortunately, the Army's recent push to train and educate line leaders has brought SSG Salyers in her command. This experienced leader has been concerned about the apparent behavioral and performance changes exhibited by SGT Dowdell. Having identified signs that are a source of concern, SSG Salyers is taking a proactive role to assess and intervene before SGT Dowdell slides into a serious behavioral health condition.

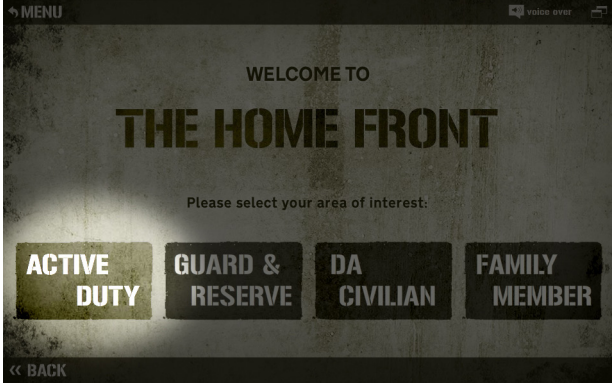
You will be directed back into the program until you have navigated to a good ending. In the second go around, some choices will not be available because they lead to either undesirable outcomes or endless loops.

## Discussion Themes—Positive Outcome

- Importance of recognizing warning signs of behavioral health issues
- Care and concern exhibited by leadership
- Willingness to seek professional help
- Question 21<sup>3</sup> and the new policy regarding seeking professional help
- Engaging in familiar social support groups (family, friends, religious practices)
- Importance of balancing responsibility to self and to fellow Soldiers
- Workplace stressors
- Positive way of handling relationship problems

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3 Document is located in Appendix D.

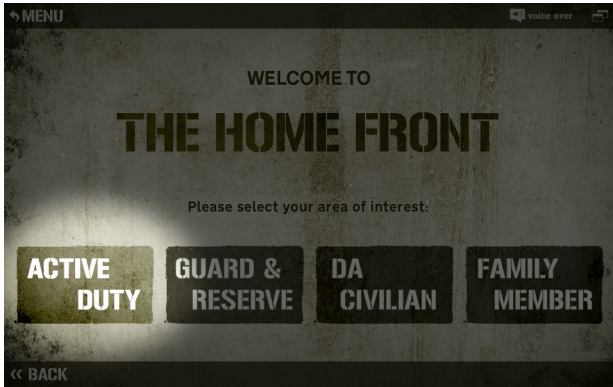
TIME	VEILS SYSTEM	LECTURE CONTENT
Set up.	Start the VEILS system. At the "Welcome" screen, click on active duty.	
0:40		<p>(Home Front Introduction)</p> <p>Today we will be using a multimedia program designed to present some of the major issues of Suicide Prevention and Awareness. The interactive video allows us to make different decisions in the lives of Soldiers and see the consequences of different decisions. Essentially, we "play" interactive Soldiers in training. At certain points, I will need your input, as to what decision we should make. In this video we'll see how suicide can be avoided—from the point of view of someone who may be thinking about suicide. We'll also see how the people around a possibly suicidal individual can intervene and get him/her help.</p>
2:38	Video 1:58	
	<p><b>DECISION POINT</b></p> <p>Maximum time of video (<i>*depending on which answer you choose</i>): 1:36</p>	What do you want to do?
	Click on your choice.	Take time to talk to Washer.
3:42	Video 1:04	
	Text	<p>(Read the text)</p> <p>Discuss the following: importance of peer support; reporting requirements regarding statements made about weapons; responsibility to direct a peer to professional help</p>
4:06	Video 0:24	

TIME	VEILS SYSTEM	LECTURE CONTENT
	<b>DECISION POINT</b>  Maximum time of video: 0:45	What do you want to do? <i>(Take one suggestion)</i>
	Click on your choice.	Let them know this stops now or you'll take it up the chain.
4:24	0:18	Video
	Text	<i>(Read text)</i>  Discuss Army sexual harassment policy.
6:06	Video: 1:42	
	<b>DECISION POINT</b>  Maximum time of video: 0:11	Is your situation having a serious negative effect on your life?
	Click on your choice.	Yes, it has to.
6:09	Video: 0:03	
	Text	Discuss and introduce the concept of resiliency and the availability of Army behavioral health resources.
7:03	Video 0:54	
	<b>DECISION POINT</b>  Maximum time of video: 0:49	What do you want to do?
	Click on your choice.	Tell him you think he should talk to someone more qualified.
7:26	Video 0:23	
	Text	Discuss the chain of command policy of referral at your installation.
8:54	Video: 1:28	

TIME	VEILS SYSTEM	LECTURE CONTENT
	<b>DECISION POINT</b>  Maximum time of video: 3:51	You want to pick up the phone?
	Click on your choice.	Yes.
10:46	Video 1:52	
	Text	Discuss the life preservation index (social support, spirituality or religious attachment, coping skills)
	Text	Discuss various forms of social support.
12:09	Video: 1:23	
	<b>DECISION POINT</b>  Maximum time of video: 1:14	What do you say?
	Click on your choice.	There isn't really anything to say, so don't say anything.
12:29	Video 0:20	
	Text	Discuss how to make an objective assessment of a Soldier's performance—is it due to personal issues or not?
12:38	Video 0:09	
	<b>DECISION POINT</b>  Maximum time of video: 2:33	What will you say?
	Click on your choice.	Tell him you'll be okay and your performance will return to its usual high standard.
14:03	Video 1:25	
	Text	Discuss the warning signs of an emotional breakdown; social isolation

## Discussion Themes—Negative Outcome

- Emotional difficulties (irritability towards co-worker and son)
- Decreased attendance and involvement with church
- Poor performance at work
- Isolation and distance from family
- Avoidance of social interaction
- Inability to balance work and family duties
- Feelings of helplessness (sexual harassment incident)
- Refusal to accept help
- Little to no self care time

TIME	VEILS SYSTEM	LECTURE CONTENT
Set up.	Start the VEILS system. At the “Welcome” screen, select active duty.	
0:40		<p>(Home Front Introduction)</p> <p>Today we will be using a multimedia program designed to present some of the major issues of Suicide Prevention and Awareness. The interactive video allows us to make different decisions in the lives of Soldiers and see the consequences of different decisions. Essentially, we “play” interactive Soldiers in training. At certain points, I will need your input, as to what decision we should make.</p> <p>In this video we’ll see how suicide can be avoided—from the point of view of someone who may be thinking about suicide. We’ll also see how the people around a possibly suicidal individual can intervene and get him/her help.</p>

TIME	VEILS SYSTEM	LECTURE CONTENT
	Click on SGT Elizabeth Dowdell.	
2:38	Video 1:58	
	<b>DECISION POINT</b>  Maximum time of video ( <i>*depending on which answer you choose</i> ): 1:36	What do you want to do?
	Click on your choice.	Get to the motor pool.
3:03	Video 0:25	
	Text	Discuss how one can balance his/her work and Family responsibilities.
3:27	Video 0:24	
	<b>DECISION POINT</b>  Maximum time of video: 0:45	What do you want to do? ( <i>Take one suggestion</i> )
	Click on your choice.	Let it go...
3:31	Video 0:04	
	Text	( <i>Read text</i> ) Discuss feelings of powerlessness; the effects of sexual harassment on combat readiness and teamwork. Army sexual harassment policy AR 600-20 should be discussed as well.
5:13	Video 1:42	
	<b>DECISION POINT</b>  Maximum time of video: 0:49	Is your situation having a serious negative effect on your life?
	Click on your choice	No...you're trained to deal.



TIME	VEILS SYSTEM	LECTURE CONTENT
5:18	Video 0:05	
	Text	Discuss and introduce the concept of resiliency and the availability of Army behavioral health resources.
6:12	Video 0:54	
	<b>DECISION POINT</b>  Maximum time of video: 0:49	What do you want to do?
	Click on your choice.	Stay and talk.
6:25	Video 0:13	
	Text	Discuss balancing work and Family issues and recognizing the limits of your own personal expertise.
7:53	Video: 1:28	
	<b>DECISION POINT</b>  Maximum time of video: 2:45	You want to pick up the phone?
	Click on your choice.	No.
	Video 0:53	
8:46	Text	Discuss the life preservation index (social support, religious attachment, coping skills)
	Text	Discuss various forms of social support.
10:10	Video: 1:24	
	<b>DECISION POINT</b>  Maximum time of video: 1:14	What do you say?

TIME	VEILS SYSTEM	LECTURE CONTENT
	Click on your choice.	There isn't really anything to say, so don't say anything.
10:30	Video 0:20	
	Text	Discuss how to make an objective assessment of a Soldier's performance—is it due to personal issues or not?
10:39	Video 0:09	
	<b>DECISION POINT</b>  Maximum time of video: 2:33	What will you say?
	Click on your choice.	Tell him you'll be okay and your performance will return to its usual high standard.
12:04	Video 1:25	
	Text	Discuss the warning signs of an emotional breakdown; social isolation

## Discussion Questions

Would you consider Dowdell as being isolated? Why or why not?

*Social support; warning signs of suicide*

Would you explain your personal problems to your superior if you were in jeopardy of a poor performance appraisal?

*Effective communication; accessing military support resources; resiliency*

What do you think about Dowdell's interaction with Washer?

*Effective communication; accessing military support resources; resiliency*

Do you believe that behavioral health services within the Army have improved in recent years (in terms of both access and quality)?

*Accessing military support resources*

Megan Jeremy

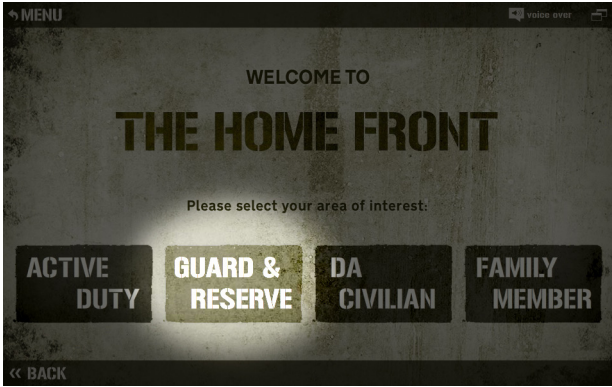


Megan Jeremy is a Reservist sergeant who has a Soldier who is not coping well with behavioral health issues. Jeremy recognizes that her role as a leader demands that she look after the well being of her Soldiers. She is confronted with the difficulties of keeping up with English and getting him the required help. English is not actively engaged in a social support system of any form and lives in a community that does not have easy access to behavioral health specialists.

You will be directed back into the program until you have navigated to a good ending.

Discussion Themes—Positive Outcome

- Importance of recognizing warning signs of behavioral health issues
- Care and concern exhibited by leadership
- Exploring solutions for English
- Promoting a command climate that encourages Soldiers to seek help
- Taking a personal interest in exploring English’s social support systems and situating herself as a new social support system
- Knowledgeable about the course of action to take (access to treatment)
- Direct communication

TIME	VEILS SYSTEM	LECTURE CONTENT
Set up.	Start the VEILS system. At the “Welcome” screen, select Guard and Reserve.	

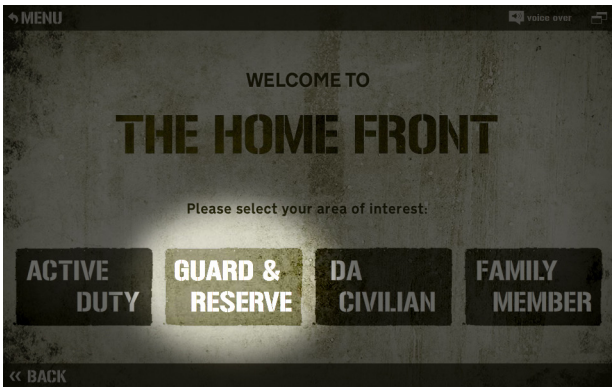
TIME	VEILS SYSTEM	LECTURE CONTENT
0:40		<p>(Home Front Introduction)</p> <p>Today we will be using a multimedia program designed to present some of the major issues of Suicide Prevention and Awareness. The interactive video allows us to make different decisions in the lives of Soldiers and see the consequences of different decisions. Essentially, we “play” interactive Soldiers in training. At certain points, I will need your input, as to what decision we should make.</p> <p>In this video we’ll see how suicide can be avoided—from the point of view of someone who may be thinking about suicide. We’ll also see how the people around a possibly suicidal individual can intervene and get him/her help.</p>
	Click on SGT Megan Jeremy	
1:23	Video 0:43	
	Text	Discuss the importance of honestly completing the PDHA.
2:53	Video 1:30	
	<p><b>DECISION POINT</b></p> <p>Maximum time of video (<i>*depending on which answer you choose</i>): 1:31</p>	Should he be honest on his PDHA?
	Click on your choice.	Yes, it’s okay to take care of yourself.
4:07	Video 1:14	
	Text	Stress the importance of encouraging Soldiers to complete the PDHA as well as the duty that higher commands have in assuring their Soldiers receive the care they need and deserve. Discuss standard form 86, question 21 as well.
	Text	Discuss possible association between suicidal ideation, TBI and PTSD.
5:05	Video 0:58	

TIME	VEILS SYSTEM	LECTURE CONTENT
	<b>DECISION POINT</b>  Maximum time of video: 1:22	Push it or let it go?
	Click on your choice.	Push it. Find out what's up with SPC English.
6:11	Video 1:06	
	Text	Discuss the importance of being proactive as a leader in seeking out information.
6:33	Video 0:22	
	<b>DECISION POINT</b>  Maximum time of video: 1:21	What do you want to do?
	Click on your choice.	Offer to give him a ride—let him know that there is support out there.
7:29	Video 0:56	
	Text	Discuss seeking behavioral health and security clearance. Note that guidance has been provided throughout the service on how to access behavioral health providers with no adverse effects on one's security clearance.
7:47	Video: 0:18	
	Text	When you return from deployment, and your Unit scatters, it's easy to lose touch. Geographical dispersion is a serious issue for Reserve Component Soldiers. Therefore, it is important that leaders make an effort to check in with their Soldiers—especially Soldiers who may have experienced medial or behavioral health issues during deployment.
11:17	Video 3:30	
	<b>DECISION POINT</b>  Maximum time of video: 4:23	What do you want to do?

TIME	VEILS SYSTEM	LECTURE CONTENT
	Click on your choice.	Tell him to stay put—you are on your way.
12:31	Video 1:14	
	Text	Discuss the life preservation index (social support, religious attachment, coping skills) and the Army publication Suicide Awareness Guide for Leaders (GTA 12-01-007).
12:58	Video: 0:27	
	Text	Good job. You performed just like any outstanding leader would—with concern, dedication and the intent to successfully resolve the problem. As leaders, we do not always anticipate that our Soldiers will be challenged in addressing behavioral health issues they are confronted with. When such a challenge occurs, it is our duty, as leaders, to resolve it by showing support and directing the person in need to specialized care. Remember, being a leader does not make you an expert in all matters. While you should be able to identify the problem, you may not have all of the necessary skills to resolve the problem. Leave that to the professionals.

### Discussion Themes—Negative Outcome

- Lack of social support
- Social isolation
- Sudden, noticeable changes in appearance and behavior
- Recognition of other warning signs and risk factors of suicide
- Leadership responsibilities (how to differentiate between being persistent and being overbearing)
- Geographical dispersion

TIME	VEILS SYSTEM	LECTURE CONTENT
Set up.	Start the VEILS system. At the "Welcome" screen, select Guard and Reserve.	
0:40		<p>(Home Front Introduction)</p> <p>Today we will be using a multimedia program designed to present some of the major issues of Suicide Prevention and Awareness. The interactive video allows us to make different decisions in the lives of Soldiers and see the consequences of different decisions. Essentially, we "play" interactive Soldiers in training. At certain points, I will need your input, as to what decision we should make.</p> <p>In this video we'll see how suicide can be avoided—from the point of view of someone who may be thinking about suicide. We'll also see how the people around a possibly suicidal individual can intervene and get him/her help.</p>
	Click on SGT Megan Jeremy	
1:23	Video 0:43	
	Text	Discuss the importance of honestly completing the PDHA.
2:53	Video 1:30	
	<p><b>DECISION POINT</b></p> <p>Maximum time of video (<i>*depending on which answer you choose</i>): 1:31</p>	Should he be honest on his PDHA?
	Click on your choice.	I can't make that decision for you.

TIME	VEILS SYSTEM	LECTURE CONTENT
2:59	Video 0:06	
	Text	Stress the importance of encouraging Soldiers to complete the PDHA as well as the duty that higher commands have in assuring their Soldiers receive the care they need and deserve. Discuss standard form 86, question 21 as well.
	Text	Discuss possible association between suicidal ideation, TBI and PTSD.
3:57	Video 0:58	
	<b>DECISION POINT</b>  Maximum time of video: 1:22	Push it or let it go?
	Click on your choice.	Let it go. Don't put him on the spot.
4:03	Video 0:06	
	Text	You missed an opportunity to find out why English is avoiding contacting his Family. Discuss the importance of social connectedness (bonds we share with Family, friends groups that give us a sense of dedication and purpose).
4:21	Video 0:18	
	Text	
5:52	Video 1:31	
	<b>DECISION POINT</b>  Maximum time of video: 2:11	What do you do?
	Click on your choice.	Let it go.
6:04	Video 0:12	
	Text	Discuss the hardships and effects of geographical dispersion.



TIME	VEILS SYSTEM	LECTURE CONTENT
7:01	Video: 0:57	
	Text	You did not act responsibly as a leader in dealing with SPC English. You should have made more of an effort to inquire about his situation and direct him to the appropriate outlets for help. Review ACE.

## Discussion Questions

As a member of leadership, did Jeremy set a good example of establishing a line of communication between herself and her Soldiers?

*Effective communication; duty to career; access to military support resources*

It is difficult to communicate with English on a regular basis. Did Jeremy do a good job handling this obstacle?

*Effective communication; social support; warning signs of suicide; accessing military support resources*

What are some of the other factors that can impede access to behavioral health care for reservists?

*Accessing military support resources*

## Richard Peterson



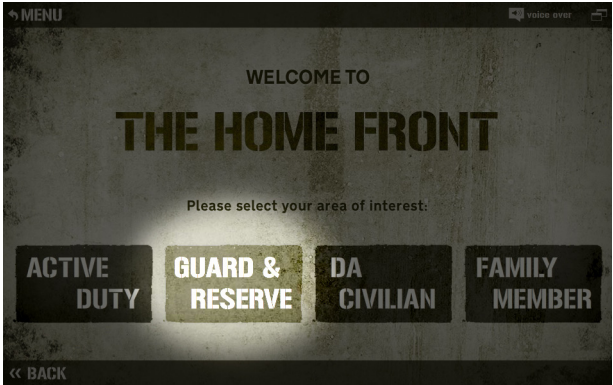
Richard Peterson is a National Guardsman who is denied his job by his former employer upon his return from deployment. He refuses to challenge his former employer for his old job as outlined in USERRA, yet he has no other option to successfully provide for his Family. This leads to financial difficulties and a subsequent downward spiral, including: frequent conflict with spouse; substance abuse; and, finally, being arrested for a DUI (driving under the influence). The response of a friend and the resources put forth by the NG will provide for a better outcome.

You will be directed back into the program until you have navigated to a good ending.

## Discussion Themes—Positive Outcome

- Financial difficulties
- Substance abuse
- Effective use of buddy system
- Use of social network

- Effective communication with spouse
- Readjustment to civilian life
- Seeking behavioral health
- Suicidal ideation

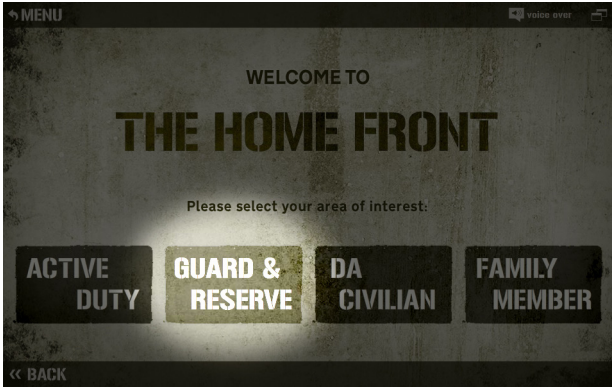
TIME	VEILS SYSTEM	LECTURE CONTENT
Set up.	Start the VEILS system. At the "Welcome" screen, select Guard and Reserve.	
0:40		<p>(Home Front Introduction)</p> <p>Today we will be using a multimedia program designed to present some of the major issues of Suicide Prevention and Awareness. The interactive video allows us to make different decisions in the lives of Soldiers and see the consequences of different decisions. Essentially, we "play" interactive Soldiers in training. At certain points, I will need your input, as to what decision we should make.</p> <p>In this video we'll see how suicide can be avoided—from the point of view of someone who may be thinking about suicide. We'll also see how the people around a possibly suicidal individual can intervene and get him/her help.</p>
	Click on SFC Richard Peterson	
1:52	Video 1:12	
	Text	<p>It is your responsibility to inform your employer of your deployment and follow all of the other requirements of USERRA as outlined on the card. Upon reemployment, service members have full reinstatement of benefits, including health and pension, and the opportunity to participate in missed training or retraining, if necessary.</p>

TIME	VEILS SYSTEM	LECTURE CONTENT
2:20	Video 0:28	
	<b>Decision point</b>  Maximum time of video: 0:44	What are you going to do?
	Click on your choice.	Go to the restroom for a minute—try to cool off.
2:32	Video 0:12	
	Text	
4:01	Video 1:29	
	<b>DECISION POINT</b>  Maximum time of video: 4:07	What do you do?
	Click on your choice.	Tell her you're not sure you want the job back anyway—and why.
4:50	Video 0:49	
	Text	<p>You were able to engage in a conversation with your spouse that revealed your current feelings about your job and future career plans. While the conversation did not include a plan for the immediate and long term future, it at least allowed you to make your intentions known. Open communication can help diffuse a potential conflict within the Family.</p>
5:58	Video: 1:08	
	Text	<p>Separation from your Family can cause you to feel guilt and sadness as you have missed out on important family events. Alternatively, separation can strengthen the family bond by allowing those moments of being together to be cherished and enjoyed. When you regret being separated from your Family, you need to transfer the guilt and possible sadness into love and kindness towards your wife and children. That will erase any sadness or guilt from your mind and theirs.</p> <p>Discuss 'Strong Bonds.'</p>

TIME	VEILS SYSTEM	LECTURE CONTENT
6:46	Video 0:48	
	<b>DECISION POINT</b>  Maximum time of video: 0:27	Do you agree with Jensen—counseling doesn't solve your problems?
	Click on your choice.	No—Jensen is wrong.
6:53	Video 0:07	
	Text	Discuss new Army policy regarding behavioral health.
11:27	Video 4:34	
	<b>DECISION POINT</b>  Maximum time of video: 1:07	Give Miller's business proposition a try?
	Click on your choice.	Yes—you have to—if this doesn't work you are out of options.
11:56	Video 0:29	
	<b>DECISION POINT</b>  Maximum time of video: 1:37	Would you say you're doing all right?
	Click on your choice.	No.
12:53	Video 1:03	
	Text	Discuss available resources at your installation and within your community. Reinforce ACE.
13:40	Video 0:47	
	Text	Review the USERRA guidelines, emphasizing the Soldier's responsibility.

## Discussion Themes—Negative Outcome

- Family conflict
- Irritability
- Unemployment
- Geographical dispersion
- Substance abuse and violent behavior
- Financial difficulties
- Legal problems resulting from poor behavior decisions

TIME	VEILS SYSTEM	LECTURE CONTENT
Set up.	Start the VEILS system. At the “Welcome” screen, select Guard and Reserve.	
0:40		<p>(Home Front Introduction)</p> <p>Today we will be using a multimedia program designed to present some of the major issues of Suicide Prevention and Awareness. The interactive video allows us to make different decisions in the lives of Soldiers and see the consequences of different decisions. Essentially, we “play” interactive Soldiers in training. At certain points, I will need your input, as to what decision we should make.</p> <p>In this video we’ll see how suicide can be avoided—from the point of view of someone who may be thinking about suicide. We’ll also see how the people around a possibly suicidal individual can intervene and get him/her help.</p>
	Click on SFC Richard Peterson	

TIME	VEILS SYSTEM	LECTURE CONTENT
1:52	Video 1:12	
	Text	It is your responsibility to inform your employer of your deployment and follow all of the other requirements of USERRA as outlined on the card. Upon reemployment, service members have full reinstatement of benefits, including health and pension, and the opportunity to participate in missed training or retraining, if necessary.
2:20	Video 0:28	
	<b>DECISION POINT</b>  Maximum time of video ( <i>*depending on which answer you choose</i> ): 0:44	What are you going to do?
	Click on your choice.	Straighten out this idiot.
2:40	Video 0:20	
	Text	Discuss UCMJ.
4:09	Video 1:29	
	<b>DECISION POINT</b>  Maximum time of video: 4:07	What do you do?
	Click on your choice.	Tell her to back off—that is all you can do.
5:49	Video 1:40	

TIME	VEILS SYSTEM	LECTURE CONTENT
	Text	<p>Effective family communication takes work—it is rarely convenient and it is not easy—but your family is everything to you, so the alternative is not an option. Use the TOTAL formula:</p> <p>T—Set aside a TIME when you are more calm—you don't have to be happy, just in a reasonable state of mind. (Could be later that evening, first thing in the morning, during a walk together, etc.)</p> <p>O—Decide who OWNS what part of the problem (who is most affected in a tangible way)—that will determine when you TALK and when you LISTEN. For example, if your loved one is very upset, angry or hurt, put your opinion on hold until you understand things from his/her point of view.</p> <p>T—TALK in a non-threatening way. Start off with "I" for the part of the problem you own: <i>"I feel like I'm between a rock and a hard place. I need the job, but can't go back there."</i> (Instead of, "You just don't get it.")</p> <p>A—ACTIVELY switch gears from talking to listening—make it happen often, even when you aren't finished "speaking your piece."</p> <p>L—LISTEN sincerely to the other's feelings, words, behaviors. This means you put yourself in their shoes ("You're not just worried about the bills adding up. You're afraid because our whole future is blurred.")</p> <p>Communication using the TOTAL formula defuses the conflict and tension in the family. Knowing when to talk and when to listen is the key rarely used—it determines the difference between looking for blame or looking for solutions.</p>
6:57	Video 1:08	
	Text	Strong Bonds
7:45	Video 0:48	
	<b>DECISION POINT</b>  Maximum time of video: 0:27	Do you agree with Jensen—counseling doesn't solve your problems?
	Click on your choice.	Yeah, Jensen is right—you just have to ride it out.
7:51	Video 0:06	

TIME	VEILS SYSTEM	LECTURE CONTENT
	Text	<p>This isn't true and indicates that you feel a lack of power over your circumstances. Seeking counseling can be the first step in a process that leads you to identify and understand the challenges—and ultimately helps you decide what you need to do to achieve a healthy and positive outcome.</p> <p>Discuss the importance of seeking help early.</p>
12:31	Video 4:40	
	<b>DECISION POINT</b>  Maximum time of video: 1:07	Give Miller's business proposition a try?
	Click on your choice.	No. It won't work, and you can't afford to take chances right now.
13:00	Video 0:29	
	<b>DECISION POINT</b>  Maximum time of video: 1:43	Would you say you're doing all right?
	Click on your choice.	Yes—just going through a rough patch.
13:40	Video 0:40	
	Text	Discuss risk factors of suicide and show Army card TA-074-0507
15:08	Video 1:28	
	Text	Military One Source
15:55	Video 0:47	
	Text	Re-entering civilian life.
	Text	



TIME	VEILS SYSTEM	LECTURE CONTENT
13:18	Video 1:28	
	Text	Discuss available resources at your installation and within your community.
14:05	Video 0:47	
	Text	Review the USERRA guidelines, emphasizing the Soldier's responsibility.

## Discussion Questions

What caused Peterson to become so annoyed at the coffee shop? Peterson's outburst could have resulted in legal trouble. What are the ramifications of such an incident?

*Role conflict between family and work; effective communication*

Is Peterson doing enough to look for a job? To provide for his Family? Why or why not?

*Duty to family; effective communication; resiliency*

Peterson alludes to faking a car accident as a means to provide for his Family. Why would he opt to die as a solution rather than trying to find or create one?

*Suicidal behavior; resiliency; duty to family; USERRA*

## Antonio Rosales



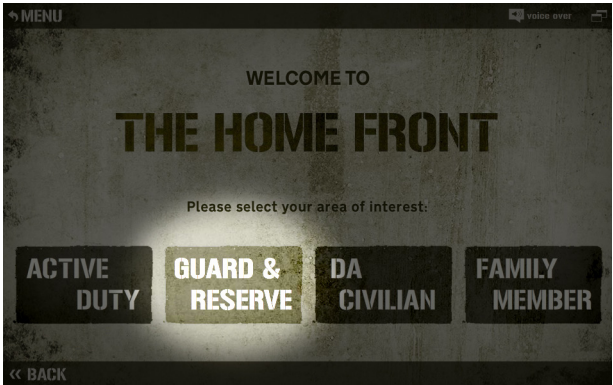
Antonio Rosales is a Reservist who lives with his parents and is not adjusting to civilian life following deployment. Rosales was cross-leveled to a combat support hospital that was deployed. He was traumatized by his experience in theater and is not willing to talk about it to Family or friends. His actions have cut him off from people who can provide him help and support. Some of his symptoms include co-morbid factors of suicidal ideation: depression, hyper vigilance, a lack of concentration, difficulty sleeping and angry outbursts.

You will be directed back into the program until you have navigated to a good ending.

## Discussion Themes—Positive Outcome

- Positive and supportive family relationship

- Using the chain of command to get access to resources
- Open communication with loved ones
- Willingness to seek help
- Maintaining positive self image
- Engaging in social interaction
- How to address stressful experiences from one's past
- Loss of interest in familiar activities

TIME	VEILS SYSTEM	LECTURE CONTENT
Set up.	Start the VEILS system. At the "Welcome" screen, select Guard and Reserve.	
0:40		<p>(Home Front Introduction)</p> <p>Today we will be using a multimedia program designed to present some of the major issues of Suicide Prevention and Awareness. The interactive video allows us to make different decisions in the lives of Soldiers and see the consequences of different decisions. Essentially, we "play" interactive Soldiers in training. At certain points, I will need your input, as to what decision we should make.</p> <p>In this video we'll see how suicide can be avoided—from the point of view of someone who may be thinking about suicide. We'll also see how the people around a possibly suicidal individual can intervene and get him/her help.</p>
	Click on SPC Antonio Rosales	
3:31	Video 2:51	

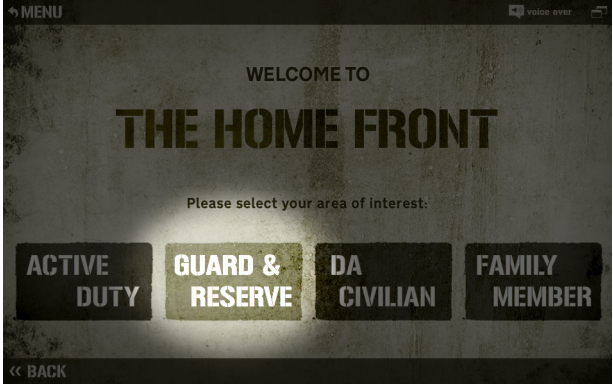
TIME	VEILS SYSTEM	LECTURE CONTENT
	<b>DECISION POINT</b>  Maximum time of video ( <i>*depending on which answer you choose</i> ): 0:43	What will you say to your parents?
	Click on your choice.	"I've been having this dream lately."
3:53	Video 0:22	
	Text	According to the DoD Survey of Health Related Behavior (RTI 2009), 72% of the Army respondents chose talking to a relative or friend as a coping mechanism when dealing with stress.
5:35	Video 1:42	
	<b>DECISION POINT</b>  Maximum time of video: 1:13	What do you want to do?
	Click on your choice.	Go out—at least for a while.
5:46	Video 0:11	
	Text	Discuss the importance of social interaction.  While you didn't enjoy yourself entirely, you immersed yourself in a familiar environment with friends rather than reliving your emotional pain alone.
6:26	Video 0:40	
	<b>DECISION POINT</b>  Maximum time of video: 2:23	What do you want to say?
	Click on your choice	Tell her about the dream.
7:32	Video 1:06	

TIME	VEILS SYSTEM	LECTURE CONTENT
	Text	Discuss protective factors against suicide.
8:54	Video 1:22	
	Text	Discuss risk factors of suicide.
9:48	Video 0:54	
	Text	Discuss ACE.
	<b>DECISION POINT</b>  Maximum time of video: 2:22	You have agreed to seek help—but how?
	Click on your choice	Go to your local hospital.
9:54	Video 0:06	
	Text	Discuss the importance of taking suicidal ideation, threats and behaviors seriously.
12:09	Video 2:15	
	Text	Discuss resiliency and available resources at your installation and within your community.
	Text	Discuss the importance of taking suicidal ideation seriously.

### Discussion Themes—Negative Outcome

- Avoidance of friends
- Misdirected anger
- Rejection of social support from family and friends
- Lost interest in activities he used to enjoy
- Avoidance of situations that reminded him of stressful situations

- Sleeping problems
- Feeling irritable
- Low self esteem

TIME	VEILS SYSTEM	LECTURE CONTENT
Set up.	Start the VEILS system. At the "Welcome" screen, select Guard and Reserve.	
0:40		<p>(Home Front Introduction)</p> <p>Today we will be using a multimedia program designed to present some of the major issues of Suicide Prevention and Awareness. The interactive video allows us to make different decisions in the lives of Soldiers and see the consequences of different decisions. Essentially, we "play" interactive Soldiers in training. At certain points, I will need your input, as to what decision we should make.</p> <p>In this video we'll see how suicide can be avoided—from the point of view of someone who may be thinking about suicide. We'll also see how the people around a possibly suicidal individual can intervene and get him/her help.</p>
	Click on SPC Antonio Rosales	
3:31	Video 2:51	
	<p><b>DECISION POINT</b></p> <p>Maximum time of video (<i>*depending on which answer you choose</i>): 0:43</p>	What will you say to your parents?

TIME	VEILS SYSTEM	LECTURE CONTENT
	Click on your choice.	"Don't treat me like a kid."
3:40	Video 0:09	
	Text	Discuss the importance of accepting other people's assessment of your overall well-being.
	Text	Discuss the importance of social integration and ask for examples.
5:22	Video 1:42	
	<b>DECISION POINT</b>  Maximum time of video: 1:13	What do you want to do?
	Click on your choice.	Tell them what they want to hear—then go home.
5:51	Video 0:29	
	Text	Discuss the importance of social integration and its positive effect on mood.
6:31	Video 0:40	
	<b>DECISION POINT</b>  Maximum time of video: 2:23	What do you want to say?
	Click on your choice.	Tell her you don't want to talk about deployment—she wouldn't understand any of it.
7:17	Video 0:46	
	Text	Again, you are placing a barrier to help up between yourself and Julie. Do not allow your anger to control your outlook on life and your behaviors. Everyone is angry from time to time and given your recent deployment, you are entitled to feel this emotion more strongly than others. You are not entitled, however, to blame others for your behaviors and current situation.

TIME	VEILS SYSTEM	LECTURE CONTENT
8:39	Video 1:22	
	Text	Discuss risk factors of suicide.
10:41	Video 2:02	
	<b>DECISION POINT</b>  Maximum time of video: 3:24	What do you want to do?
	Click on your choice.	Tell them you're fine and you'll straighten this out with SSG Arbus.
12:21	Video 1:40	
	Text	Review ACE.
	Text	

## Discussion Questions

Rosales did not partake in his usual routine once he returned. How did avoiding school and friends hurt him?

*Family and social support; effective communication; warning signs of suicide; accessing military support resources*

Rosales did not want to return to his reserve unit due to the fact that he was cross-leveled. This is another behavioral indicator of his struggle to reconnect with familiar constructs in his life. How does this isolation affect other areas of his life (e.g. family, friends, and school)?

*Duty to career; resiliency; access to military support services; social isolation*

What is the effect of his residential location on his desire to seek help for his behavioral health issues?

*Access to military support services*

Carl Foreman



Carl Foreman is a DA civilian confronted with relocation issues when his installation is selected for closing because of the BRAC. The challenges associated with uprooting his Family and moving to a new installation are examined as stressors that can lead to suicidal ideation and other behavioral health conditions (depression, anger, substance abuse). Although members of his social support system (wife, boss and friends) are proactive in engaging him and helping him face his problems, Foreman is oblivious to the risk of suicidal ideation he is experiencing. Thankfully, his wife’s supportive and objective analysis of the situation combined with her effective communication skills help Foreman to avoid ending his life.

You will be directed back into the program until you have navigated to a good ending.

Discussion Themes—Positive Outcome

- Importance of communication with spouse and boss
- Importance of seeking help for personal problems
- Avoiding isolation during stressful times
- Positive attitude exhibited by spouse
- Immediate action taken for suicidal ideation (through seeking professional help)
- Overbearing within family dynamics
- Employee Assistance Program (EAP)
- Group therapy

TIME	VEILS SYSTEM	LECTURE CONTENT
Set up.	Start the VEILS system. At the “Welcome” screen, select DA civilian.	A screenshot of a video game interface. At the top, it says 'WELCOME TO THE HOME FRONT'. Below that, it says 'Please select your area of interest:'. There are four buttons: 'ACTIVE DUTY', 'GUARD & RESERVE', 'DA CIVILIAN' (which is highlighted with a green border), and 'FAMILY MEMBER'. At the bottom left, there is a '<< BACK' button. The background is a dark, textured wall.



TIME	VEILS SYSTEM	LECTURE CONTENT
0:40		<p>(Home Front Introduction)</p> <p>Today we will be using a multimedia program designed to present some of the major issues of Suicide Prevention and Awareness. The interactive video allows us to make different decisions in the lives of DA Civilians and see the consequences of different decisions. Essentially, we “play” interactive individuals in training. At certain points, I will need your input, as to what decision we should make.</p> <p>In this video we’ll see how suicide can be avoided—from the point of view of someone who may be thinking about suicide. We’ll also see how the people around a possibly suicidal individual can intervene and get him/her help.</p>
	Click on Carl Foreman	
2:17	Video 1:37	
	Text	Molly is angry with you for jeopardizing her future and sense of belonging. Perhaps you hold the same feelings for your employer at this moment, too. How could you express yourselves to each other in a meaningful, rather than argumentative, way?
4:14	Video 1:57	
	<p><b>DECISION POINT</b></p> <p>Maximum time of video (<i>*depending on which answer you choose</i>): 1:20</p>	What do you say to your boss?
	Click on your choice.	Tell him you got sidetracked and ask for more time.
4:37	Video 0:23	
	Text	Discuss how Carl’s personal problems are beginning to interfere with his work performance.
4:56	Video 0:19	
	Text	Seek family input.

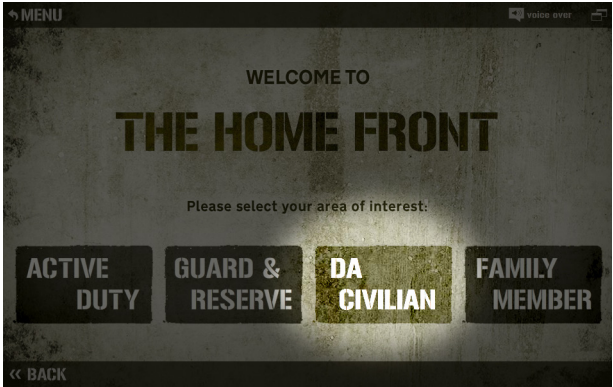
TIME	VEILS SYSTEM	LECTURE CONTENT
5:36	Video 0:40	
	<b>DECISION POINT</b>  Maximum time of video: 1:57	What do you want to do?
	Click on your choice.	Talk to your wife.
6:56	Video 1:20	
	Text	<p>Great. You used effective communication to ensure that what is said is understood by both parties through reflection—repeating what has been voiced so that the speaker can agree or disagree to its interpretation.</p> <p>Meaningful, effective communication and openness are two important blocks in the foundation of a strong, healthy relationship.</p>
7:18	Video: 0:22	
	Text	Morales has given you an extension on your deadline, showing his support for you during this stressful period in your life.
7:31	Video 0:13	
	<b>DECISION POINT</b>  Maximum time of video: 0:21	Still—it might be time for a break, right?
	Click on your choice.	Yes. Give it up for a minute.
7:44	Video 0:13	
	Text	Discuss the importance of social interaction with co-workers.
8:28	Video: 0:44	

TIME	VEILS SYSTEM	LECTURE CONTENT
	<b>DECISION POINT</b>  Maximum time of video: 0:26	What do you want to do?
	Click on your choice.	Go grab some coffee.
8:46	Video 0:18	
	<b>DECISION POINT</b>  Maximum time of video: 0:33	What do you want to tell Ellen?
	Click on your choice.	"The kids will be fine. We can have a late dinner."
9:01	Video: 0:15	
	Text	Discuss the importance of self-care.
9:49	Video 0:48	
	Text	Discuss how important it is to take suicidal threats seriously.
11:02	Video 1:13	
	Text	Discuss the importance of meaningful and open communication.
11:13	Video 0:11	
	Text	Discuss available resources in your area/on your base.
	Text	Discuss 'Risk Factors and Warning Signs' from GTA 12 01-007. Point out the warning signs exhibited by Carl.
12:31	Video 1:18	

### Discussion Themes—Negative Outcome

- Refusing to engage social support networks

- Substance abuse
- Anger
- Breakdown in family dynamics
- Social isolation
- Poor self-efficacy
- Poor work performance

TIME	VEILS SYSTEM	LECTURE CONTENT
Set up.	Start the VEILS system. At the “Welcome” screen, select DA civilian.	
0:40		<p>(Home Front Introduction)</p> <p>Today we will be using a multimedia program designed to present some of the major issues of Suicide Prevention and Awareness. The interactive video allows us to make different decisions in the lives of DA Civilians and see the consequences of different decisions. Essentially, we “play” interactive individuals in training. At certain points, I will need your input, as to what decision we should make.</p> <p>In this video we’ll see how suicide can be avoided—from the point of view of someone who may be thinking about suicide. We’ll also see how the people around a possibly suicidal individual can intervene and get him/her help.</p>
	Click on Carl Foreman	
2:17	Video 1:37	

TIME	VEILS SYSTEM	LECTURE CONTENT
	Text	Molly is angry with you for jeopardizing her future and sense of belonging. Perhaps you hold the same feelings for your employer at this moment, too. How could you express yourselves to each other in a meaningful, rather than argumentative, way?
4:14	Video 1:57	
	<b>DECISION POINT</b>  Maximum time of video ( <i>*depending on which answer you choose</i> ): 1:20	What do you say to your boss?
	Click on your choice.	Tell him you're almost finished and you'll send it out in a minute.
4:33	Video 0:19	
	Text	Discuss how Carl's personal problems are beginning to interfere with his work performance.
4:52	Video 0:19	
	Text	While the alcohol may temporarily bring you relief from your present situation, it will not help you resolve the issues of trust, happiness and family cohesion that this move has raised. Instead of reaching for the bottle, reach for Molly, Jack and Ellen. As members of your Family, they share a special bond with you that affect your competence as both a father and a husband. When this bond is weakened, you begin to feel isolated and they, in turn, feel neglected.
5:32	Video 0:40	
	<b>DECISION POINT</b>  Maximum time of video: 1:57	What do you want to do?
	Click on your choice.	Tell her that the Family is out of options and she just needs to accept the situation.
5:53	Video 0:21	

TIME	VEILS SYSTEM	LECTURE CONTENT
	Text	Effective communication will ensure that what is said is understood by both parties through reflection—repeating what has been voiced so that the speaker can agree or disagree to its interpretation. Meaningful, effective communication and openness are two important blocks in the foundation of a strong, healthy relationship.
7:27	Video: 1:34	
	Text	When you express your problems to people that are in a position to address them, you relieve yourself of the anxiety and guilt that comes from performing at less than optimal levels due to energy being wasted and exhausted on worrying. Are you ready to get energized and function as Carl again?
7:40	Video 0:13	
	<b>DECISION POINT</b> Maximum time of video: 0:14	Still—it might be time for a break, right?
	Click on your choice.	Yes. Give it up for a minute.
7:46	Video 0:06	Discuss how a break could help Carl refocus (self care).
	Text	
8:01	Video: 0:15	
	Text	Discuss why the pills have become a danger (not used for original intention, used to do something Carl doesn't want to do/has no energy to do, etc).
8:45	Video 0:44	
	<b>DECISION POINT</b> Maximum time of video: 0:26	What do you want to do?
	Click on your choice.	Tell him you'll hang out some other time.

TIME	VEILS SYSTEM	LECTURE CONTENT
8:53	Video 0:08	
	Text	Discuss why Carl rejected social support from his friend. Is this a good or bad sign?
10:55	Video 2:02	
	Text	Point out the warning signs exhibited by Carl.
12:13	Video 1:18	
	Text	Discuss question 21 and the availability of resources in your area/on your base.
	Text	

## Discussion Questions

How would you characterize Foreman's attitude towards his Family's input regarding the BRAC? Does his reclusive behavior at work place him at risk of suicidal ideation?

*Effective communication; social support*

Did you think that Foreman's reliance on pills to complete an assignment was cause for alarm?

*Warning signs of suicide; accessing military support resources*

Was there a better way for Foreman to deal with his daughter's anger?

*Effective communication; resiliency; duty to family*

## Maria Cartwright



Maria Cartwright is a 28-year-old wife of a deployed Soldier and step-mother to Frankie, a teenager who has exhibited marked change in behavior that seems to be self-destructive. The triggering event for Frankie's change in behavior was the deployment of her father. Maria is conflicted as to which course of action to take to seek help for Frankie. Part of her resistance to seeking help from the Army is her concern that such action would interfere with her husband's career. As a result, she relies on her civilian friend, Gail, to counsel her. An informative conversation with her husband removes the suspicion she has of seeking

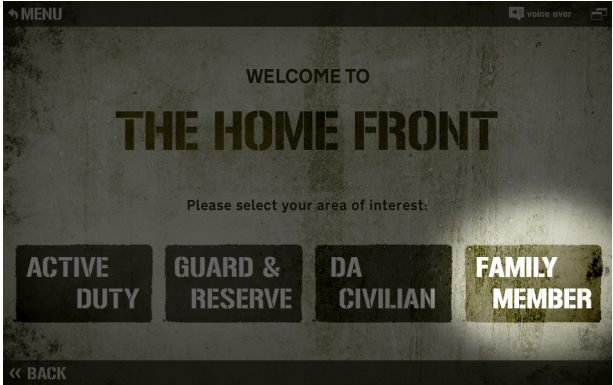
behavioral health counseling and its effect on her husband's career. Maria experiences challenges associated with: responding to Frankie's behavior; the amount of information shared with her spouse; and, reliance on social support and

utilization of military resources.

You will be directed back into the program until you have navigated to a good ending.

### Discussion Themes—Positive Outcome

- Utilization of social support
- Appropriate care and concern for child (Frankie)
- Acceptance of help from outside sources
- Open communication with spouse (John)

TIME	VEILS SYSTEM	LECTURE CONTENT
Set up.	Start the VEILS system. At the “Welcome” screen, select Family Member.	
0:40	Start the VEILS system. At the “Welcome” screen, select Family Member.	<p>(Home Front Introduction)</p> <p>Today we will be using a multimedia program designed to present some of the major issues of Suicide Prevention and Awareness. The interactive video allows us to make different decisions in the lives of Family Members and see the consequences of different decisions. Essentially, we “play” interactive Individuals in training. At certain points, I will need your input, as to what decision we should make.</p> <p>In this video we’ll see how suicide can be avoided—from the point of view of someone who may be thinking about suicide. We’ll also see how the people around a possibly suicidal individual can intervene and get him/her help.</p>
	Click on Maria Cartwright	
2:00	Video 1:20	



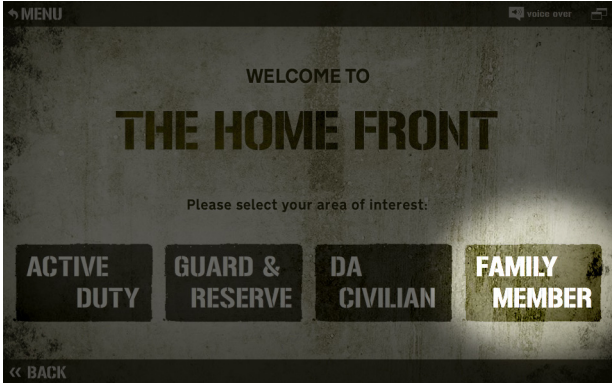
TIME	VEILS SYSTEM	LECTURE CONTENT
	<b>DECISION POINT</b>  Maximum time of video ( <i>*depending on which answer you choose</i> ): 1:04	What do you want to do?
	Click on your choice.	You can't leave Frankie home alone. Call Gail and cancel.
3:00	Video 1:00	
	Text	Discuss how you have dealt with children and teens that appear miserable. What worked and what did not?
3:03	Video 0:03	
	<b>DECISION POINT</b>  Maximum time of video: 2:37	What do you want to do?
	Click on your choice.	Tell Frankie she is coming with you.
3:41	Video 0:38	
	Text	
	Text	Some practical suggestions: find time when your teen can casually talk about concerns—such as when riding in a car. Listen in a nonjudgmental way to encourage more meaningful conversations. It's not easy, but you can do this by thinking of how you would respond if this was the neighbor's teen rather than your own. You would be less likely to overreact and would, instead, take a few seconds to think before responding.  Remember; make your home a safe haven instead of the location of all of your confrontations.
6:48	Video 3:07	
	Text	Click on the 'Behavioral Signs of Depression' tab and give examples of each.

TIME	VEILS SYSTEM	LECTURE CONTENT
8:56	Video 2:08	
	<b>DECISION POINT</b>  Maximum time of video: 4:55	What do you want to do?
	Click on your choice.	E-mail John.
9:12	Video 0:16	
	<b>DECISION POINT</b>  Maximum time of video: 1:47	Go ahead and write him about Frankie?
	Click on your choice.	Yes.
10:51	Video 1:39	
	Text	Discuss the elements of effective communication (maintaining eye contact, repeating what has been said to you for clarification, using 'I' statements rather than 'you' statements)
11:17	Video 1:26	
	Text	
14:43	Video 3:26	
	Text	Discuss Question 21 and how it relates to family issues.

### Discussion Themes—Negative Outcome

- Social isolation
- Declining help from outside sources
- Fear (of the Army as an institution, John and the label of a bad parent)
- Recognizing one's limits of coping with/handling a situation

- Development of resiliency

TIME	VEILS SYSTEM	LECTURE CONTENT
Set up.	Start the VEILS system. At the "Welcome" screen, select Family Member.	
0:40		<p>(Home Front Introduction)</p> <p>Today we will be using a multimedia program designed to present some of the major issues of Suicide Prevention and Awareness. The interactive video allows us to make different decisions in the lives of Family Members and see the consequences of different decisions. Essentially, we "play" interactive Individuals in training. At certain points, I will need your input, as to what decision we should make.</p> <p>In this video we'll see how suicide can be avoided—from the point of view of someone who may be thinking about suicide. We'll also see how the people around a possibly suicidal individual can intervene and get him/her help.</p>
	Click on Maria Cartwright	
2:00	Video 1:20	
	<p><b>DECISION POINT</b></p> <p>Maximum time of video (<i>*depending on which answer you choose</i>): 1:04</p>	What do you want to do?
	Click on your choice.	Decide to go to dinner.
2:04	Video 0:04	

TIME	VEILS SYSTEM	LECTURE CONTENT
	Text	Discuss the pros of going to a dinner with a friend and the cons of staying home with a miserable teenager.
2:07	Video 0:03	
	<b>DECISION POINT</b>  Maximum time of video: 2:37	What do you want to do?
	Click on your choice.	Don't upset her—leave her alone for now and call to check up on her later.
2:45	Video 0:38	
	Text	
	Text	Some practical suggestions: find time when your teen can casually talk about concerns—such as when riding in a car. Listen in a nonjudgmental way to encourage more meaningful conversations. It's not easy, but you can do this by thinking of how you would respond if this was the neighbor's teen rather than your own. You would be less likely to overreact and would, instead, take a few seconds to think before responding.  Remember; make your home a safe haven instead of the location of all of your confrontations.
5:52	Video 3:07	
	Text	Click on 'Behavioral Signs of Depression' tab and discuss. Frankie's separation from her dad acts as the trigger point for her downward spiral. Her behaviors and attitude reflect her saddened outlook. Such a state of mind could lead to suicidal ideation, should Frankie believe that her life will not get any better.
8:00	Video 2:08	
	<b>DECISION POINT</b>  Maximum time of video: 4:55	What do you want to do?

TIME	VEILS SYSTEM	LECTURE CONTENT
	Click on your choice.	She is a moody teenager going through a lot—just keep an eye on her.
8:08	Video 0:08	
	Text	Click on the 'Depression and Suicide Risk Factors' tab and discuss.
11:50	Video 3:42	
	Text	Click on the 'Adolescent Suicide Preventive Factors' tab and discuss.

## Discussion Questions

Why didn't Maria alert her husband earlier regarding Frankie's behavior? Was she right to avoid seeking help from within the Army?

*Effective communication*

Many teens go through a difficult period as a part of growing up. What did Frankie say or do that would make you take her behavior seriously rather than dismiss it as a phase?

*Suicidal ideation and behavior; warning signs of suicide*

How did Maria grow from this experience? How did she use her social support systems?

*Resiliency; accessing military support services; effective communication*

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## APPENDIX A

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# GLOSSARY

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In addition to viewing the individual character videos, facilitators should review the following information with their students. This information includes terminology specific to suicide prevention, myths about suicide, distinguishing between warning signs and risk factors of suicide and demographic factors related to suicide.

## Terminology

The following terms and definitions are also found in the professional literature:

<b>Suicidality</b>	An individual's level of danger to him- or herself.
<b>Suicidal ideation</b>	Thoughts and ideas about death by suicide.
<b>Suicidal intent</b>	More serious than suicidal ideations, <i>intent</i> involves not only thoughts about suicide, but also a specific plan and the motivation to carry it out.
<b>Suicide survivor</b>	Any person who knew and cared about the deceased.
<b>Availability of means</b>	Accessibility to lethal means by an individual who is suicidal.
<b>Warning signs</b>	Overt indicators of suicidal risk in an individual.
<b>Duty to warn</b>	An ethical and legal obligation to disclose the risk of intent to harm, including by suicidal means.
<b>Comorbidity</b>	When two psychological conditions exist simultaneously and usually independently of one another (e.g., depression and substance abuse).
<b>Risk factors</b>	Variables (e.g., habits, traits, or conditions) in a person or in the environment that are associated with an increased chance (risk) of adverse outcomes (e.g., disease, infection, psychological disorder, injury, suicide).
<b>Protective factors</b>	Variables in a person or the environment that enhance resiliency, increase resistance (protect against risk), and reduce the potential of adverse outcomes. Risk and protective factors are correlational, not causal.

# MYTHS ABOUT SUICIDE<sup>4</sup>

## 1. People who talk about suicide are unlikely to actually do it.

### False

Individual who are suicidal do not just want attention. Verbal or non-verbal communication about suicide should be taken seriously. Non-judgmental discussion of the concerns expressed by a suicidal individual will alleviate their pain. Ask directly if a person intends to commit suicide will not lead to a suicide attempt.

## 2. Suicides are impulsive.

### False

Suicide is the result of a gradual process with multiple warning signs. Eight out of ten who die by suicide give specific warning signs. Survivors of suicide always seemed to remember hints that were missed before the death of a loved one.

## 3. Suicidal people really want to die and nothing will stop them.

### False

Suicidal people really want to end their pain. While suicide is an individual action, most people who are suicidal simply want to escape their problems rather than actually die.

## 4. Once a person is suicidal, that person is always suicidal.

### False

Most suicidal crises are temporary and associated with problems that can be solved.

## 5. Suicide affects people of all socioeconomic statuses.

### True

Suicide and suicidal ideation are not limited to certain socioeconomic groups.

## 6. Suicidal people are always mentally ill.

### False

Although the majority of suicide (90%) are associated with mental illness not all suicidal people are always mentally ill. Suicidal people are those that feel desperate, see no change in the immediate future in regards to their situation and lack the tools necessary to develop and implement the change needed to correct their present situation.

4 American Association of Suicidology (2009). Fact sheets. <http://www.suicidology.org/stats-and-tools/fact-sheets>

Hubbard, R.W., & McIntosh, J. L. (1992). Integrating suicidology into abnormal psychology classes: The revised facts on suicide quiz. *Teaching of Psychology*, 19(3), 163-166.

Greene, D. B. (1994). Childhood suicide and myths surrounding it. *Social Work*, 39(2), 230-232.



**7. If there is no note then it cannot be suicide.****False**

People can die by suicide without a note, especially if their reason for doing so was to generate financial stability (i.e. life insurance) for someone else or to relieve someone of a burden (i.e. themselves).

**8. Non-verbal or verbal communication about suicide should be taken seriously.****True**

The slightest hint of suicidal ideation should be taken seriously and followed up by behavioral health professionals.

**9. Most suicidal crises are temporary.****True**

While the contemplation of suicide may be brief, the suicidal ideation that lurks behind the act itself may remain for quite some time.

**10. Suicide attempters are all depressed.****False**

Although depression is a risk factor for suicide, not every person who attempts suicide is depressed. Others are fearful, ashamed or even tired of living due to any combination of individual and external factors.

**11. Most suicides occur during the year-end holidays.****False**

Most suicides occur in the spring. According to Hubbard & McIntosh, spring is time of transition and change (graduation) that can produce increased levels of anxiety and depression and leading to suicidal ideation.

**12. Suicidal ideation and behavior begin during the teen years.****False**

According to Greene (1994), childhood suicide is more common than previously believed. While many forms of mental illness develop during the teen years, suicidal ideation and behavior can exhibit themselves in children quite young.

# WARNING SIGNS

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Warning signs of suicide are behaviors exhibited by an individual that are indicative of suicidal ideation. When these behaviors are exhibited or performed in combination and/or frequently, the individual should be referred to a behavioral health specialist immediately. These behaviors include:

- Reckless behavior that is usually not exhibited by an individual
- Prolonged depression and listlessness
- Giving away prized possessions
- Joking that he/she wants to die or could kill him/herself
- Withdrawal from family, friends and activities
- Neglecting one's personal appearance
- A change in sleeping patterns- either too much or too little
- An explosive temper, often used to sabotage relationships
- Rejection of religion
- Refusing to seek help for mental illness, anger management or other behavioral health disorders
- Appearing to be happy and calm when he/she has been extremely sad or depressed
- An individual telling people "goodbye" when he/she isn't physically going anywhere
- A sudden urgency to create a will

# RISK FACTORS

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Risk factors are conditions that predispose an individual to a heightened chance of harboring suicidal ideation and following through with the act of suicide itself. These factors include:

- A recent loss of a loved one, either through death or a breakup
- Owning a firearm
- Feeling hopeless
- A family history of suicide, both attempts and completions
- Financial problems
- A prior suicide attempt
- A recent hospitalization, for either physical or mental reasons
- Suffering from bipolar disorder or depression
- Frequent alcohol use

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# DEMOGRAPHIC FACTORS

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Demographic factors are those inherent, classifiable traits that individuals have that research has shown to influence suicidal ideation and completion rates of suicide. These factors have produced the following generalizations:

- A gay, lesbian, bisexual or transgender individual is placed at a higher risk of attempting suicide.
- Being male rather than female is a risk factor for suicide.
- Women attempt suicide more than men.
- African American women have the lowest rate of suicide among any demographic group.
- Men are more successful than women in completing a suicide.
- Elderly, white men have the highest rate of suicide among any demographic.
- Suicide is the third leading cause of death for individuals between the ages of 15 and 24.

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## APPENDIX B

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# LINCOLN UNIVERSITY SURVEY

YOUR RESPONSES ON THIS SURVEY WILL BE HELD STRICTLY CONFIDENTIAL. INDIVIDUAL RESULTS WILL NOT BE DISCUSSED.  
**ONLY GROUP RESULTS WILL BE REPORTED.**

ID# \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Rank \_\_\_\_\_

MOS/Job Position \_\_\_\_\_ Duty Status \_\_\_\_\_ (Active, Reserve, etc.)

## 1. What is your race? (circle one)

White - 1      African American/Black - 2      Hispanic - 3      Asiatic/Oriental - 4      Other (specify) - 5

## 2. How old are you?

\_\_\_\_\_

## 3. What is your gender?

Male ..... 1

Female ..... 2

## 4. Taking things all together, how would you describe your bond with your Family? Would you say that you are strongly bonded, moderately bonded, a little bonded, or not at all bonded?

Strongly bonded ..... 3

Moderately bonded ..... 2

A little bonded ..... 1

Not at all bonded ..... 8

INDIVIDUAL RESPONSES WILL BE HELD CONFIDENTIAL. ONLY GROUP RESULTS WILL BE REPORTED.

**5. Taking things all together, how would you describe your satisfaction with your relationship with your significant other?**

Very happy	.....	4
Pretty happy	.....	3
Unhappy	.....	2
Very unhappy	.....	1
Not applicable	.....	8

**6. Do you think a person has the right to end his or her own life if this person...**

**READ EACH STATEMENT, AND  
CIRCLE ONE CODE FOR EACH:**

	YES	NO	DON'T KNOW
Has an incurable disease?	1	2	8
Has gone bankrupt?	1	2	8
Has dishonored his or her family?	1	2	8
Is tired of living and ready to die?	1	2	8

**7. Taken all together, how would you say things are these days—would you say that you are very happy, pretty happy, or not too happy?**

Very happy	.....	3
Pretty happy	.....	2
Not too happy	.....	1

**8. How comfortable are you with talking about your feelings with relatives?**

Very comfortable	.....	3
Fairly comfortable	.....	2
Not at all comfortable	.....	1

---

INDIVIDUAL RESPONSES WILL BE HELD CONFIDENTIAL. ONLY GROUP RESULTS WILL BE REPORTED.

---

**9. How comfortable are you with talking about your feelings with friends?**

Very comfortable ..... 3

Fairly comfortable ..... 2

Not at all comfortable ..... 1

**10. If you had a problem and were in need of help, how helpful would your relatives be?**

Very helpful ..... 3

Somewhat helpful ..... 2

No help at all ..... 1

**11. If you had a problem and were in need of help, how helpful would your friends be?**

Very helpful ..... 3

Somewhat helpful ..... 2

No help at all ..... 1

**12. On a scale from 1 to 10, how confident are you in your ability to identify persons of concern (POC), or those at risk of suicide?**

Please circle one of the numbers below:

1      2      3      4      5      6      7      8      9      10

**Not at all confident**

**Extremely confident**

**13. On a scale from 1 to 10, how confident are you in your ability to refer the POC for help?**

Please circle one of the numbers below:

1      2      3      4      5      6      7      8      9      10

**Not at all confident**

**Extremely confident**

---

INDIVIDUAL RESPONSES WILL BE HELD CONFIDENTIAL. ONLY GROUP RESULTS WILL BE REPORTED.

---

**14. What is your religious preference?**

Protestant	.....	1
Catholic	.....	2
Jewish	.....	3
None	.....	4
OTHER (specify religion and/or church denomination)	.....	5

**15. How often do you attend religious services?**

Never	.....	0
Less than once a year	.....	1
About once or twice a year	.....	2
Several times a year	.....	3
About once a month	.....	4
2–3 times a month	.....	5
Nearly every week	.....	6
Every week	.....	7
Several times a week	.....	8

**16. Do you believe there is a life after death?**

Yes	.....	1
No	.....	2
Undecided	.....	3



---

INDIVIDUAL RESPONSES WILL BE HELD CONFIDENTIAL. ONLY GROUP RESULTS WILL BE REPORTED.

---


**17. People have different images of the world and human nature. We would like to know the kinds of images you have.**

If you think that *"The world is basically filled with evil and sin,"* you would place yourself at 1.

If you think *"There is much goodness in the world which hints at God's goodness"* you would place yourself at 7. If you think things are somewhere in between these two, you would place yourself at 2, 3, 4, 5 or 6.

**The world is basically  
filled with evil and sin.**

**There is much goodness  
in the world which hints  
at God's goodness.**



1                      2                      3                      4                      5                      6                      7

**THANK YOU FOR YOUR TIME AND EFFORT.**

*If you any question about this survey, please contact a Lincoln University at [CSPRS@lincolnu.edu](mailto:CSPRS@lincolnu.edu) or call (573) 681-5225.*

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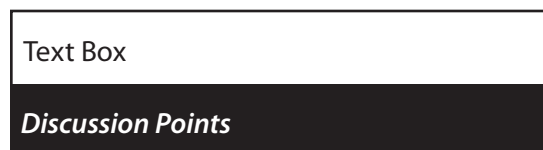
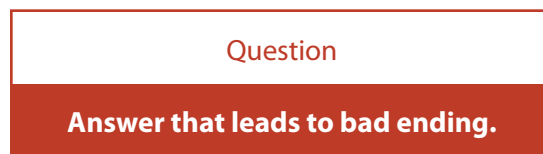
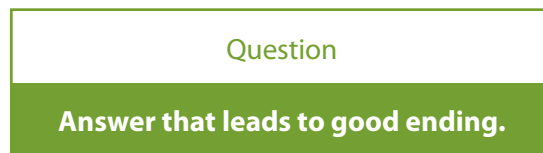
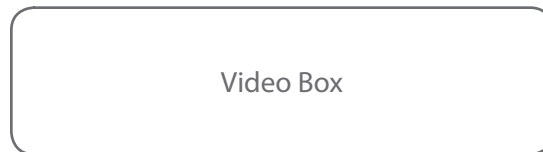
## APPENDIX C

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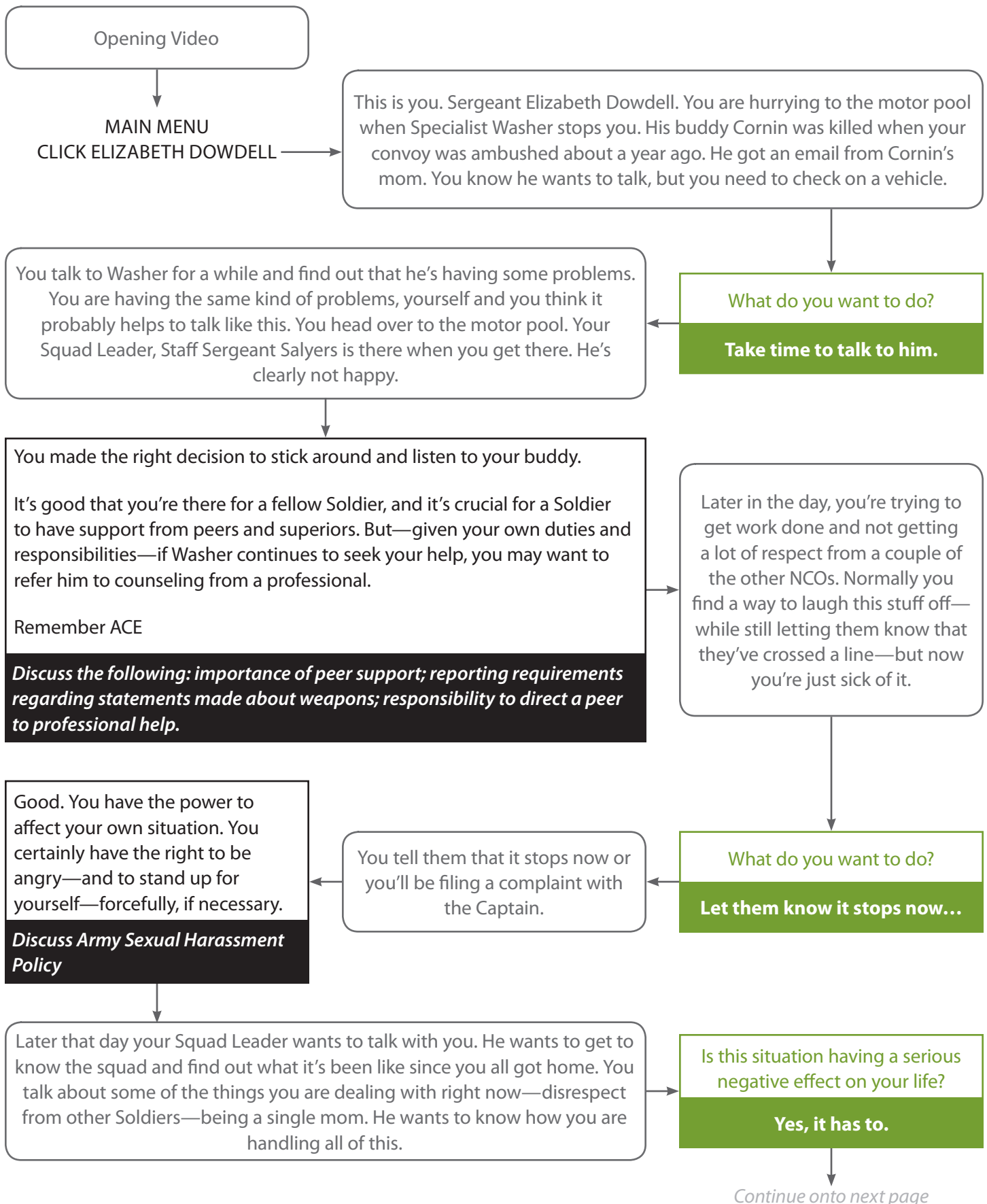
# DECISION ROADMAPS

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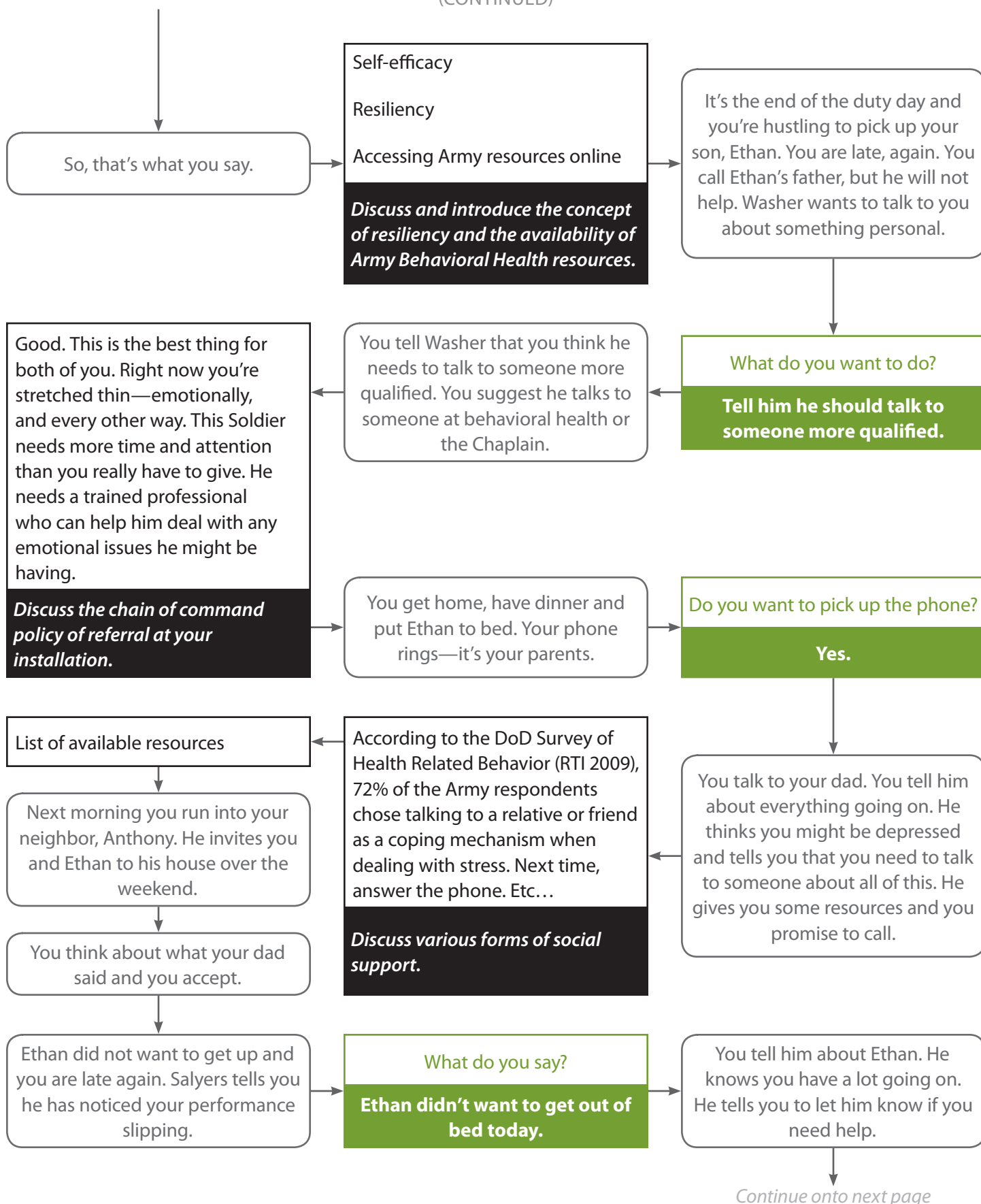
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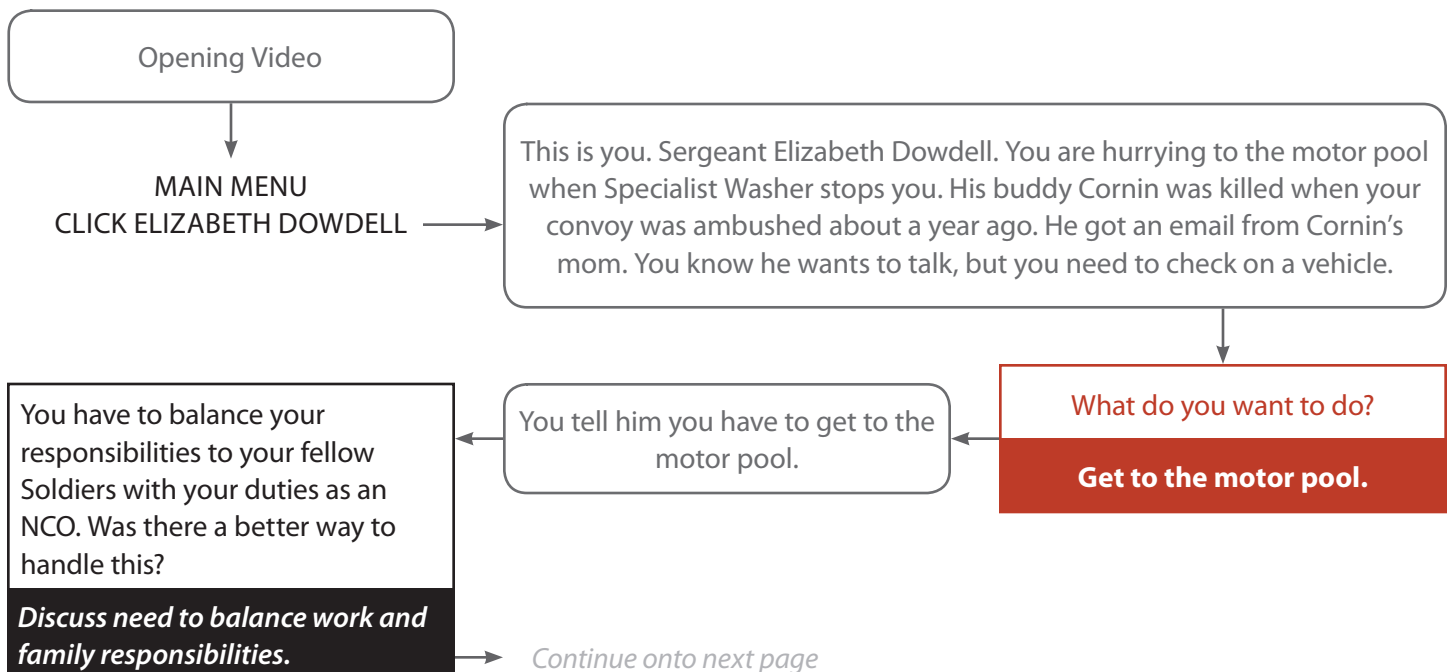
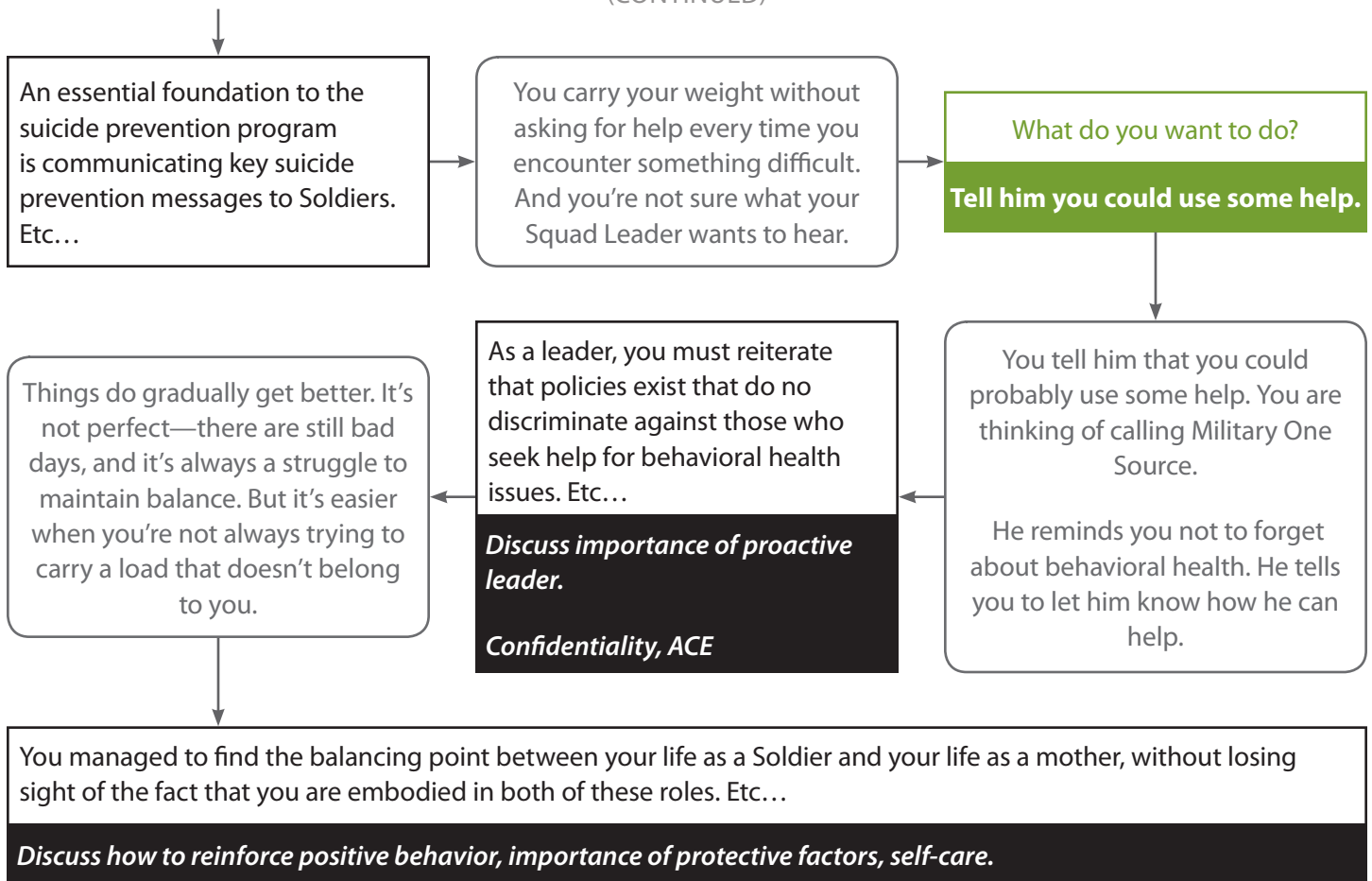
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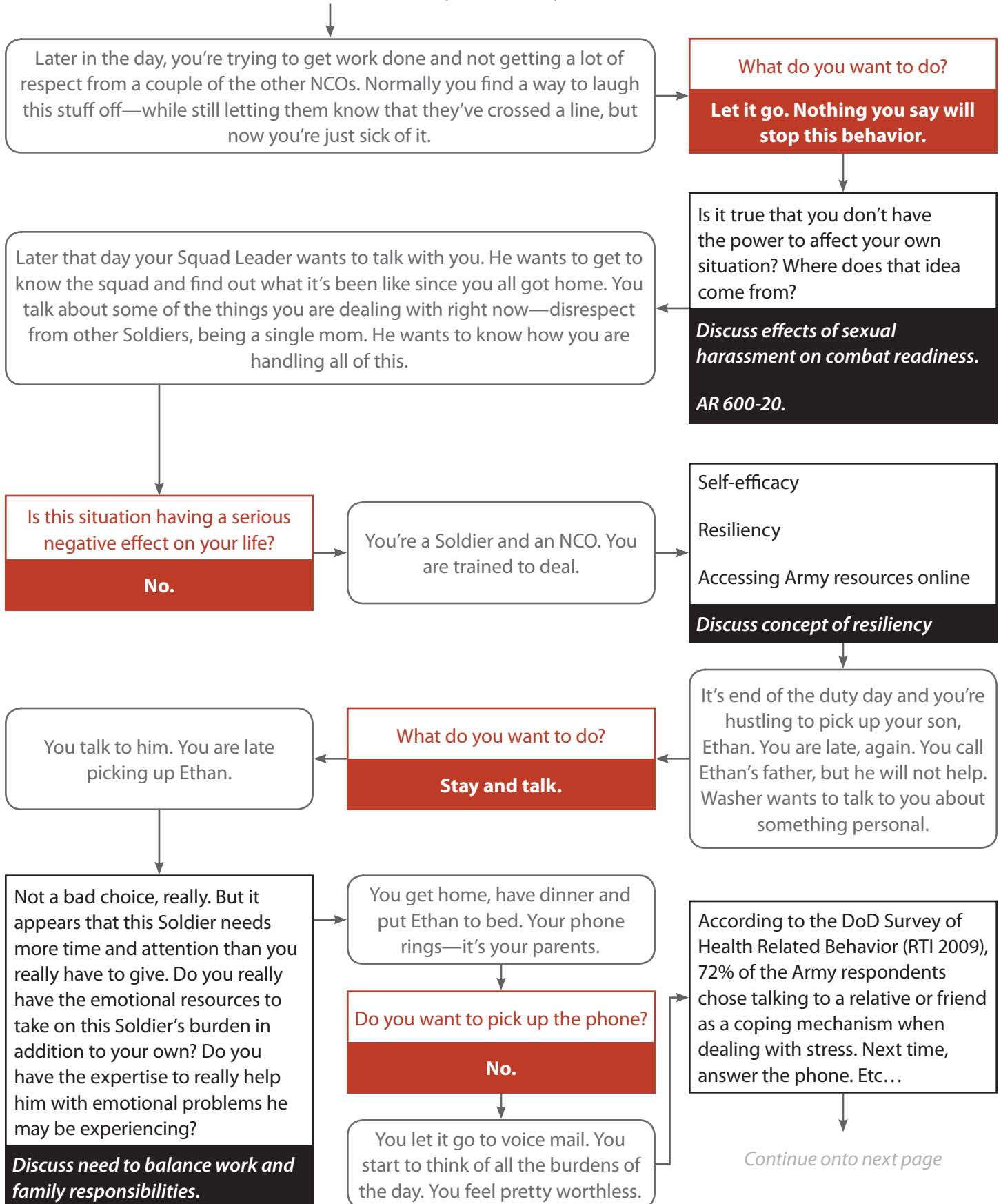
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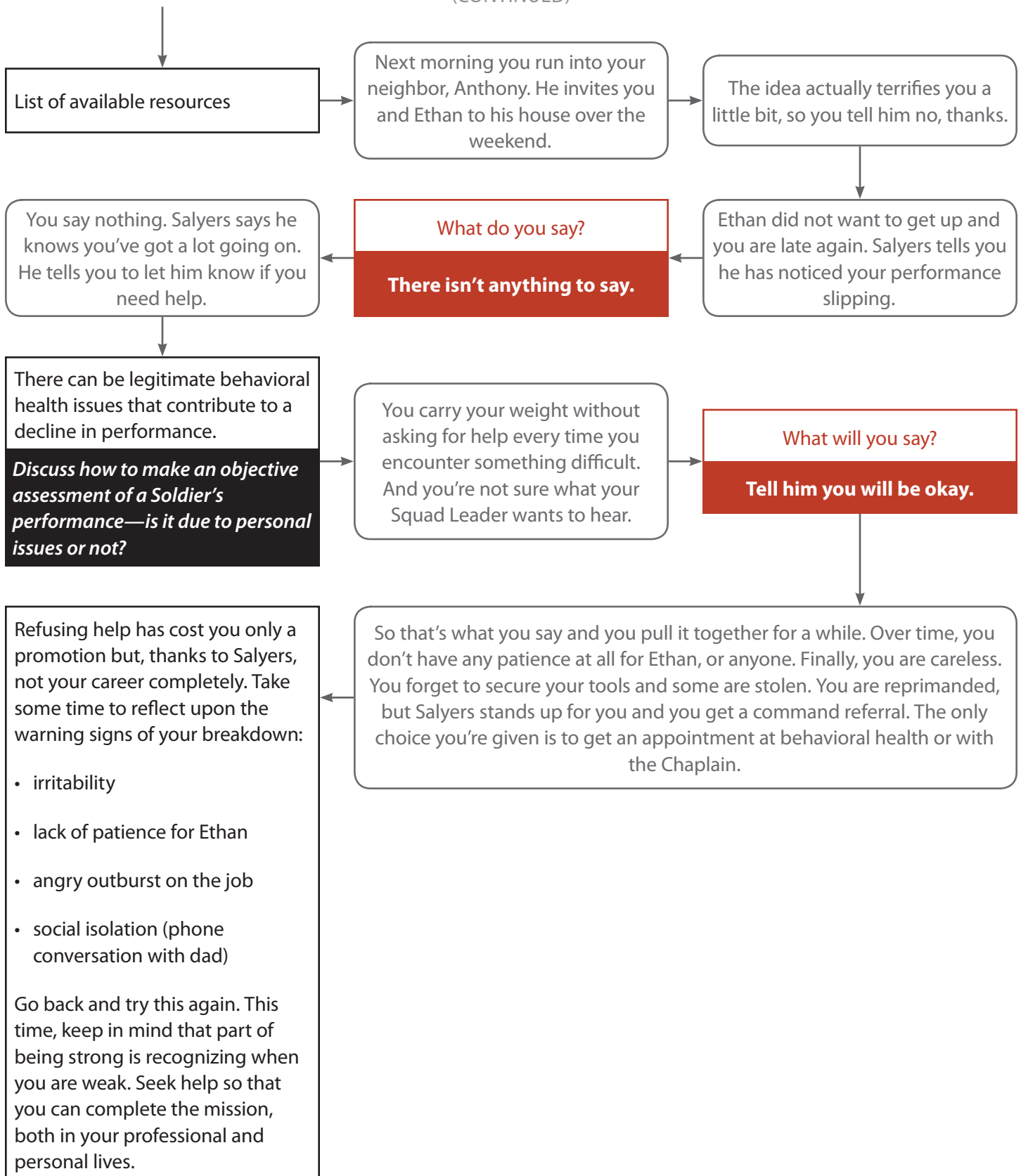
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## ELIZABETH DOWDELL (CONTINUED)

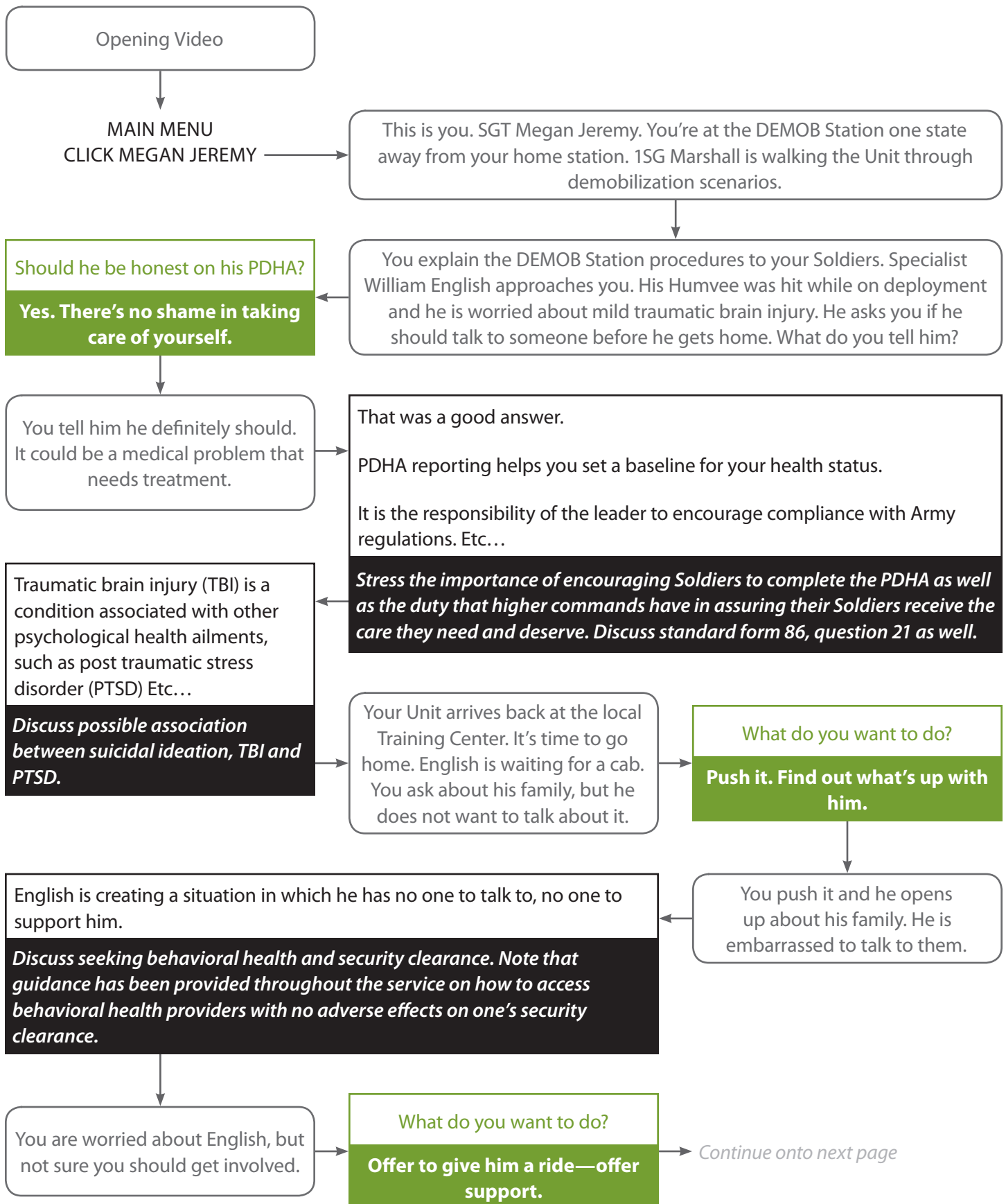


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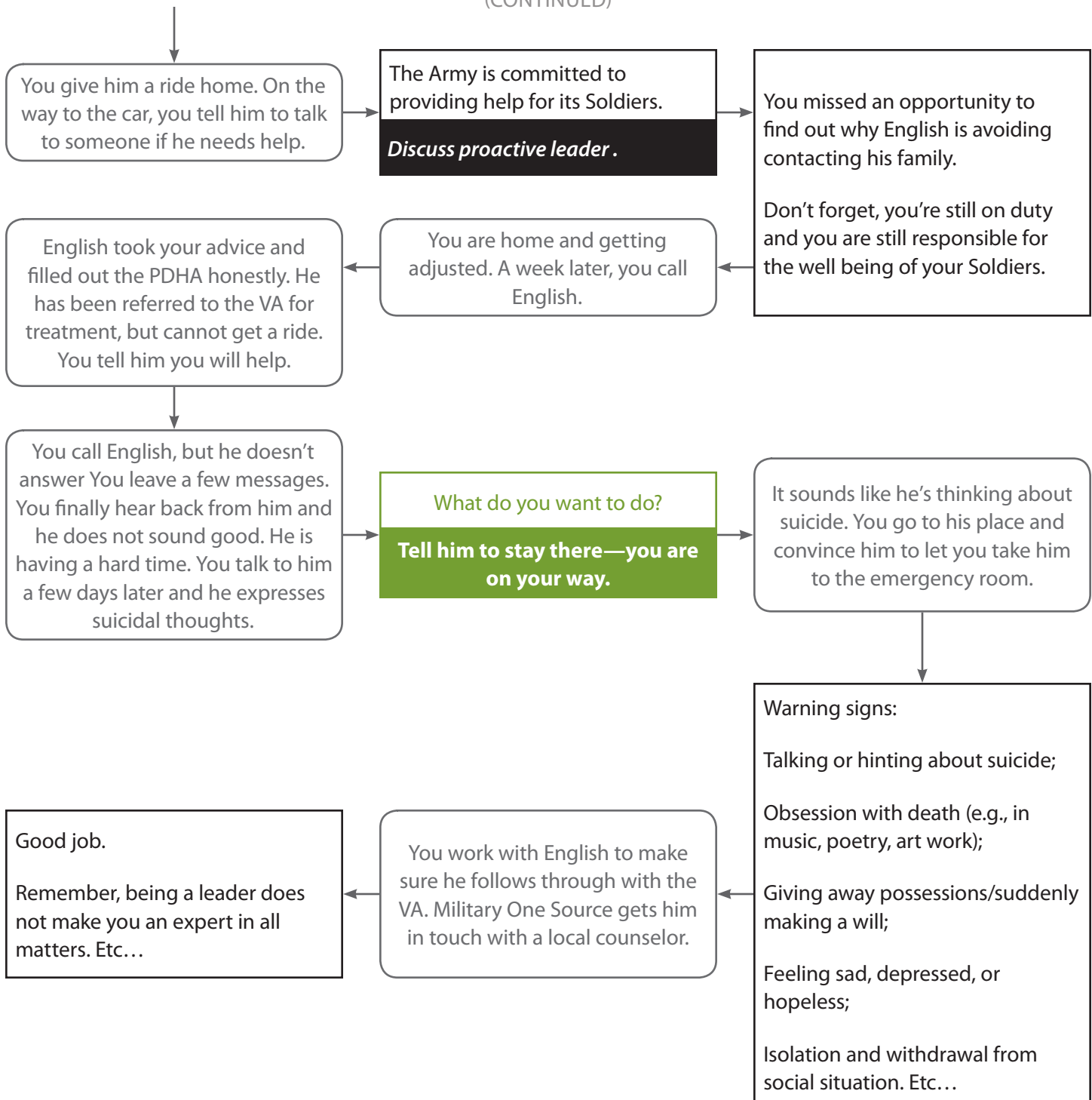




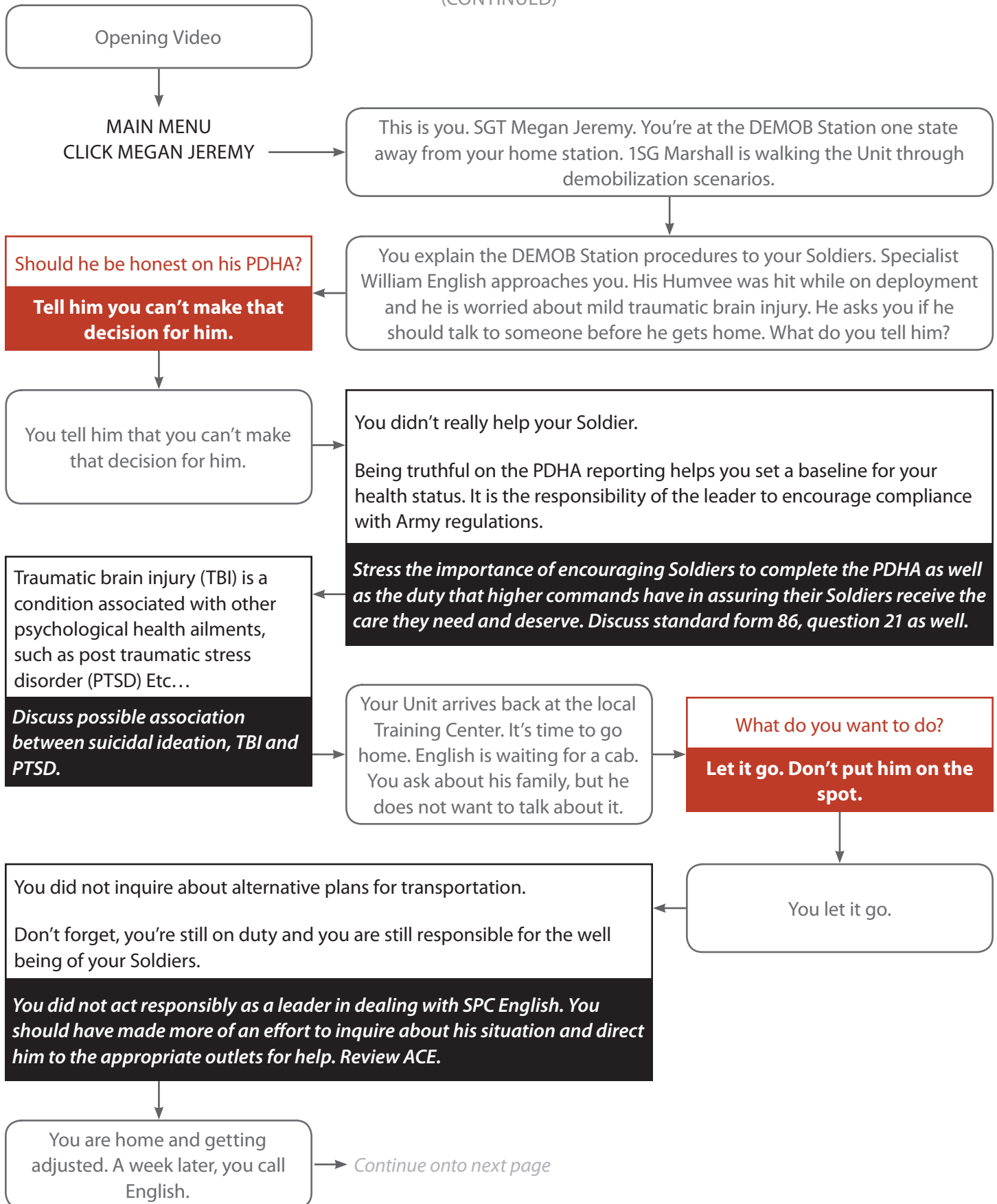
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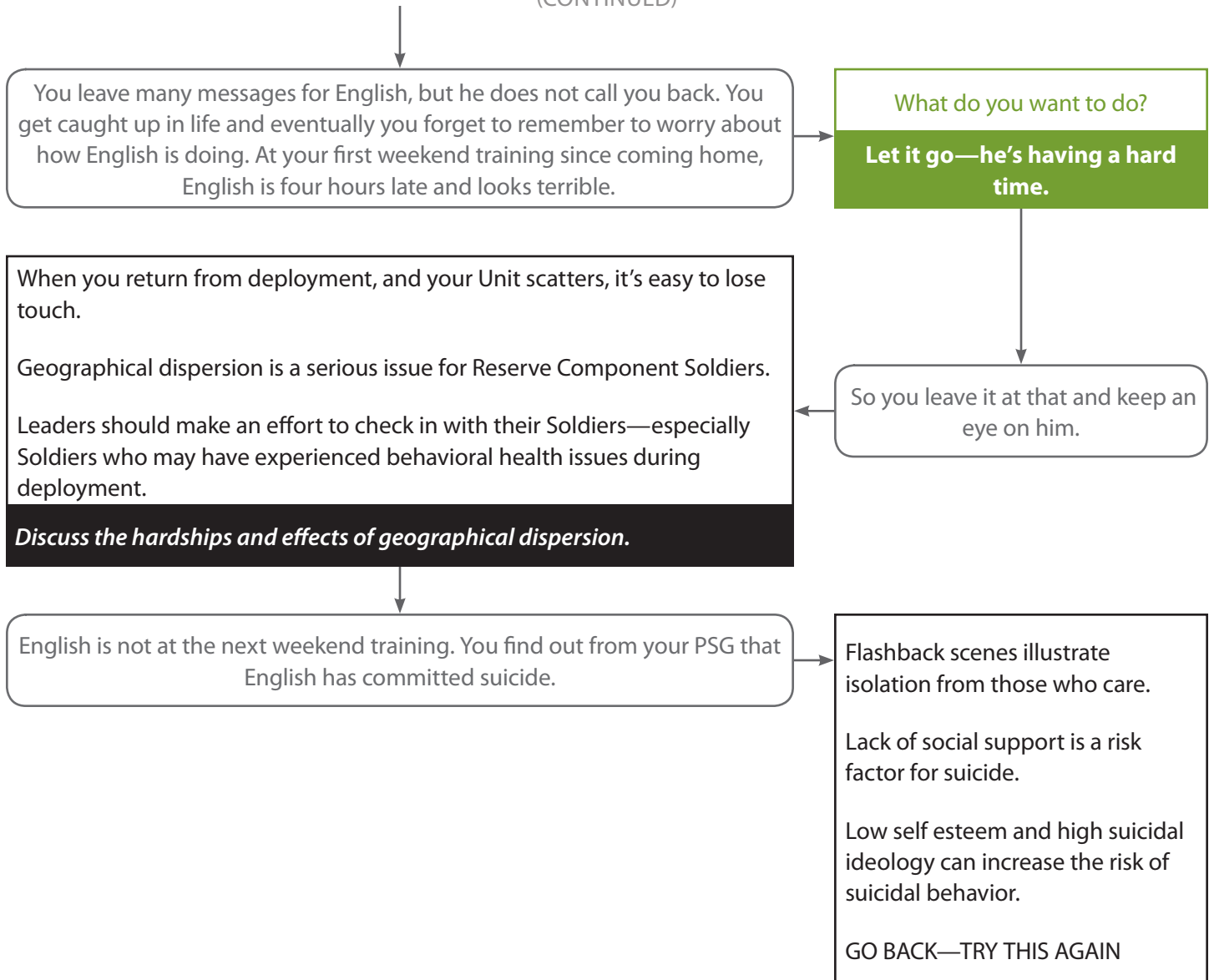
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## MEGAN JEREMY (CONTINUED)



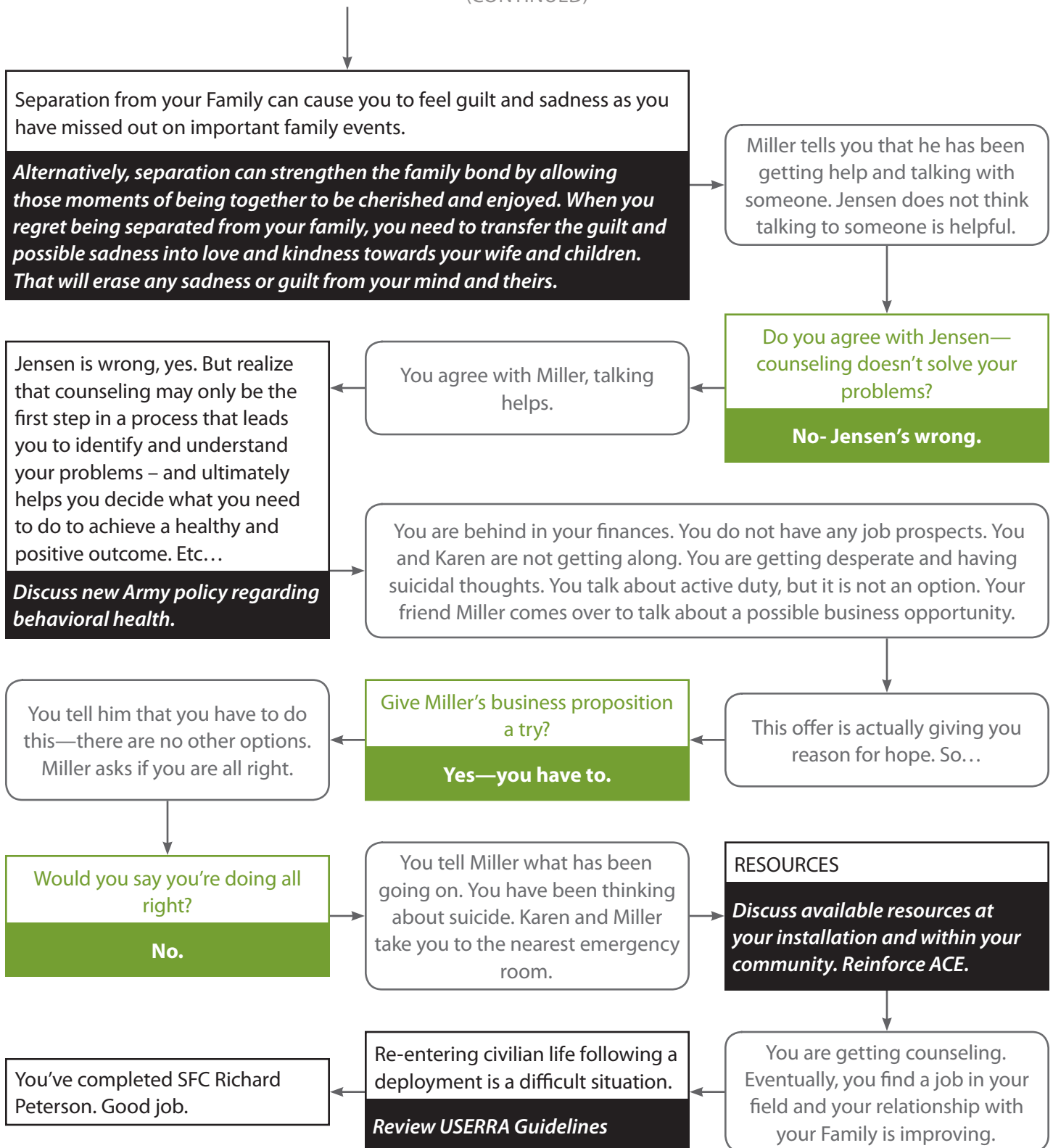
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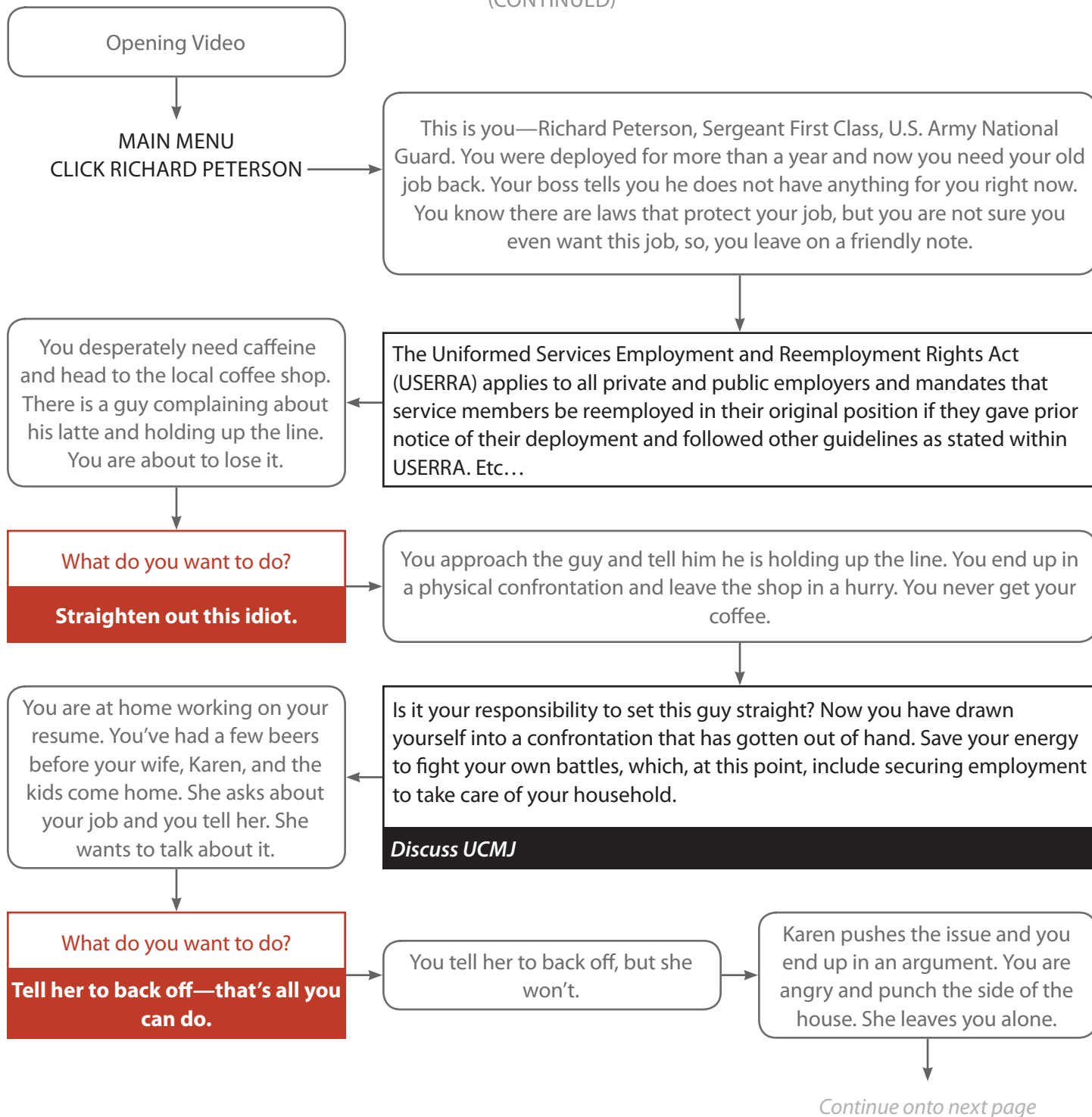
## RICHARD PETERSON



## RICHARD PETERSON (CONTINUED)



## RICHARD PETERSON (CONTINUED)



## RICHARD PETERSON (CONTINUED)

Effective family communication takes work—it is rarely convenient and it is not easy—but your Family is everything to you, so the alternative is not an option. Use the TOTAL formula: Etc...

### **TOTAL formula:**

**T** – Set aside a **TIME** when you are calmer—you don't have to be happy, just in a reasonable state of mind. (Could be later that evening, first thing in the morning, during a walk together, etc.)

**O** – Decide who **OWNS** what part of the problem—that will determine when you **TALK** and when you **LISTEN**.

**T** – **TALK** in a non-threatening way. Start off with "I" for the part of the problem you own: "I feel like I'm between a rock and a hard place. I need the job, but can't go back there." (Instead of, "You just don't get it.")

**A** – **ACTIVELY** switch gears from talking to listening—make it happen often, even when you aren't finished "speaking your piece."

**L** – **LISTEN** sincerely to the other's feelings, words, behaviors. This means you put yourself in their shoes ("You're not just worried about the bills adding up. You're afraid because our whole future is blurred.")

Two weeks later, you're at weekend training with SSG Jensen, your squad leader and SFC Miller a platoon sergeant. You are talking about how hard it can be to get back into life as a civilian and the job situation. You talk about going on active duty.

Separation from your Family can cause you to feel guilt and sadness as you have missed out on important family events.

Miller tells you that he has been getting help and talking with someone. Jensen does not think talking to someone is helpful.

Do you agree with Jensen—  
counseling doesn't solve your  
problems?

**Yeah, Jensen's right...**

You agree with Jensen.

This isn't true and indicates that you feel a lack of power over your circumstances. Seeking counseling can be the first step in a process that leads you to identify and understand the challenges – and ultimately helps you decide what you need to do to achieve a healthy and positive outcome.

**Discuss the importance of seeking help early.**

You are behind in your finances. You do not have any job prospects. You and Karen are not getting along. You are getting desperate and having suicidal thoughts. You talk about active duty, but it is not an option. Your friend Miller comes over to talk about a possible business opportunity.

Given your state of mind, there is only one answer.

Give Miller's business proposition  
a try?

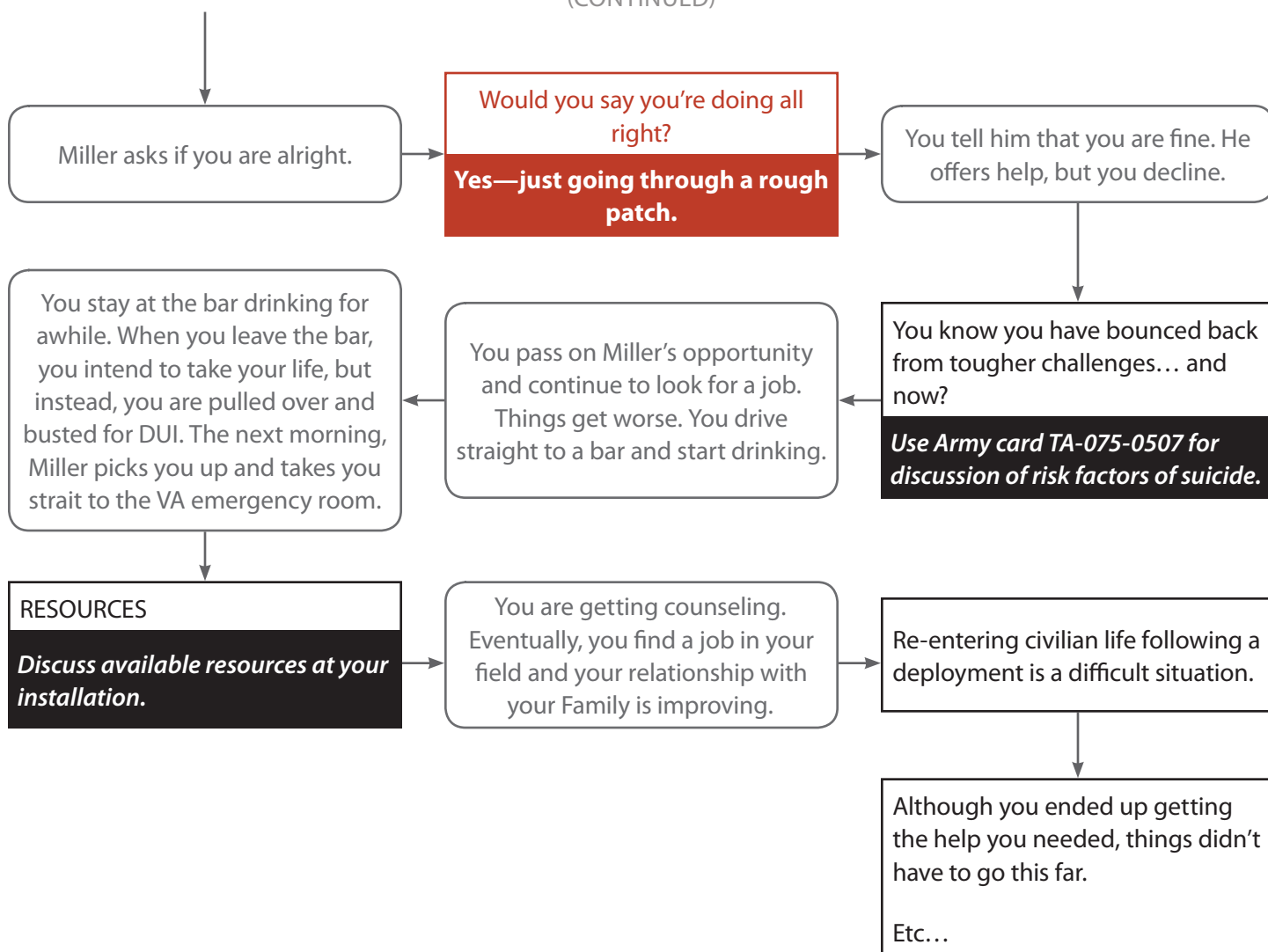
**No. It won't work.**

You tell him that it won't work. There is nothing that can solve your problems.

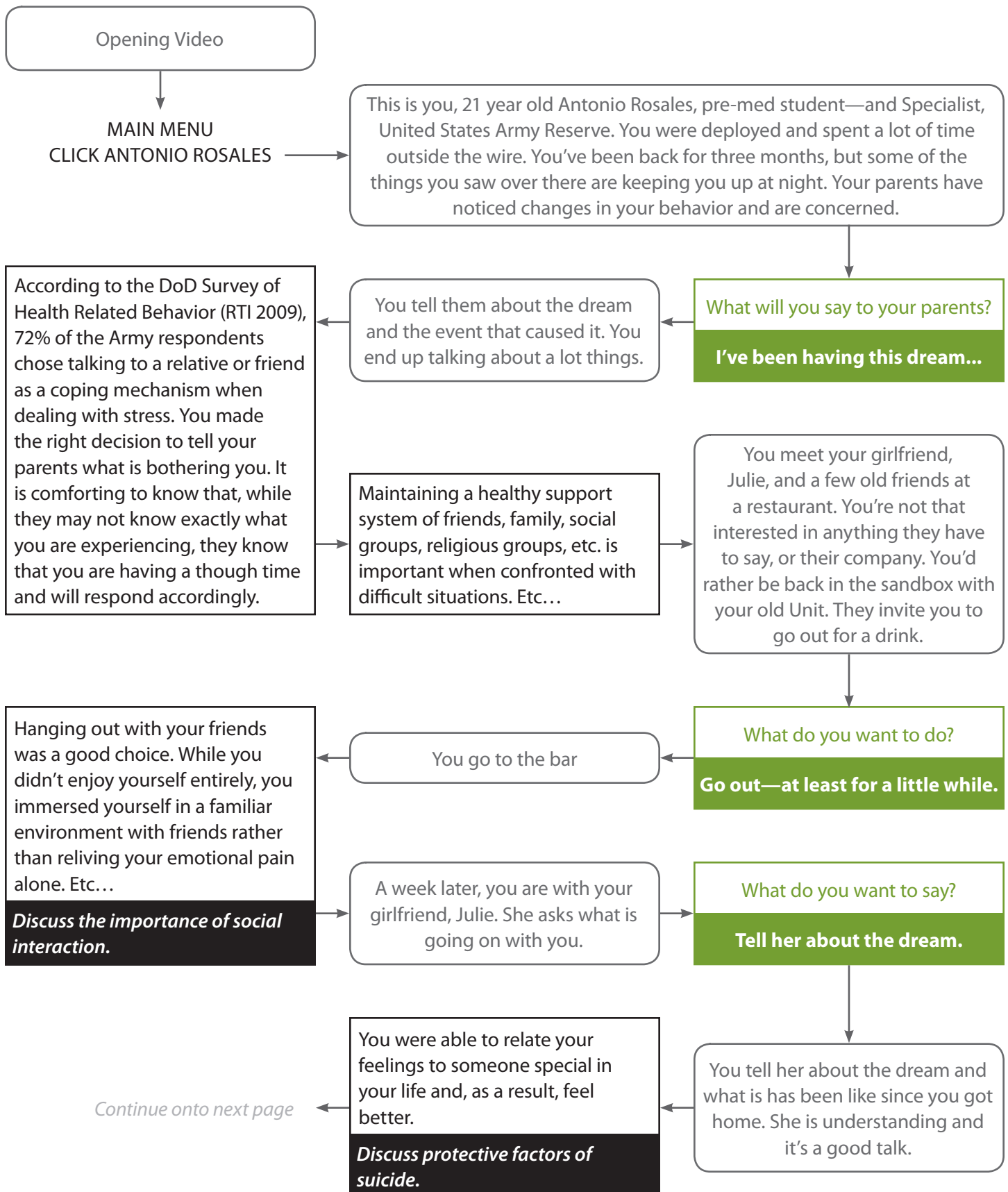
Continue onto next page



## RICHARD PETERSON (CONTINUED)



## ANTONIO ROSALES



## ANTONIO ROSALES

(CONTINUED)

A week later, you attend your first weekend training since redeploying home. When you got back, you were placed in a different Company. Most of these guys haven't been deployed and can't relate to what you've been through. You stop going to school and spend most of your time in your room. You recognize that you're not completely healthy when you begin to have thoughts about how much easier it would be if you just found a way out.

You walk in to find your parents and Julie waiting for you. They ask if you are thinking about suicide. You are embarrassed, but tell them the truth. You agree to get help.

If you suspect a person is considering suicide, ask him or her directly.

*Discuss risk factors of suicide.*

You've agreed to get help—but how?

**Go to your local hospital.**

You are getting help and on a gradual path to recovery. You and Julie break up, but you are okay. You are dealing with it in a healthy way, something you've learned over the past few months. You are feeling strong.

Your parents made the correct decision to get you help immediately.

*Discuss ACE.*

Your parents take you straight to the local emergency room.

List of resources.

*Available resources at your installation.*

You can now recognize some of the warning signs and co-occurring risk factors of suicidal ideation.

*Discuss importance of taking suicidal ideation seriously.*

Opening Video

MAIN MENU

CLICK ANTONIO ROSALES

This is you, 21 year old Antonio Rosales, pre-med student—and Specialist, United States Army Reserve. You were deployed and spent a lot of time outside the wire. You've been back for three months, but some of the things you saw over there are keeping you up at night. Your parents have noticed changes in your behavior and are concerned.

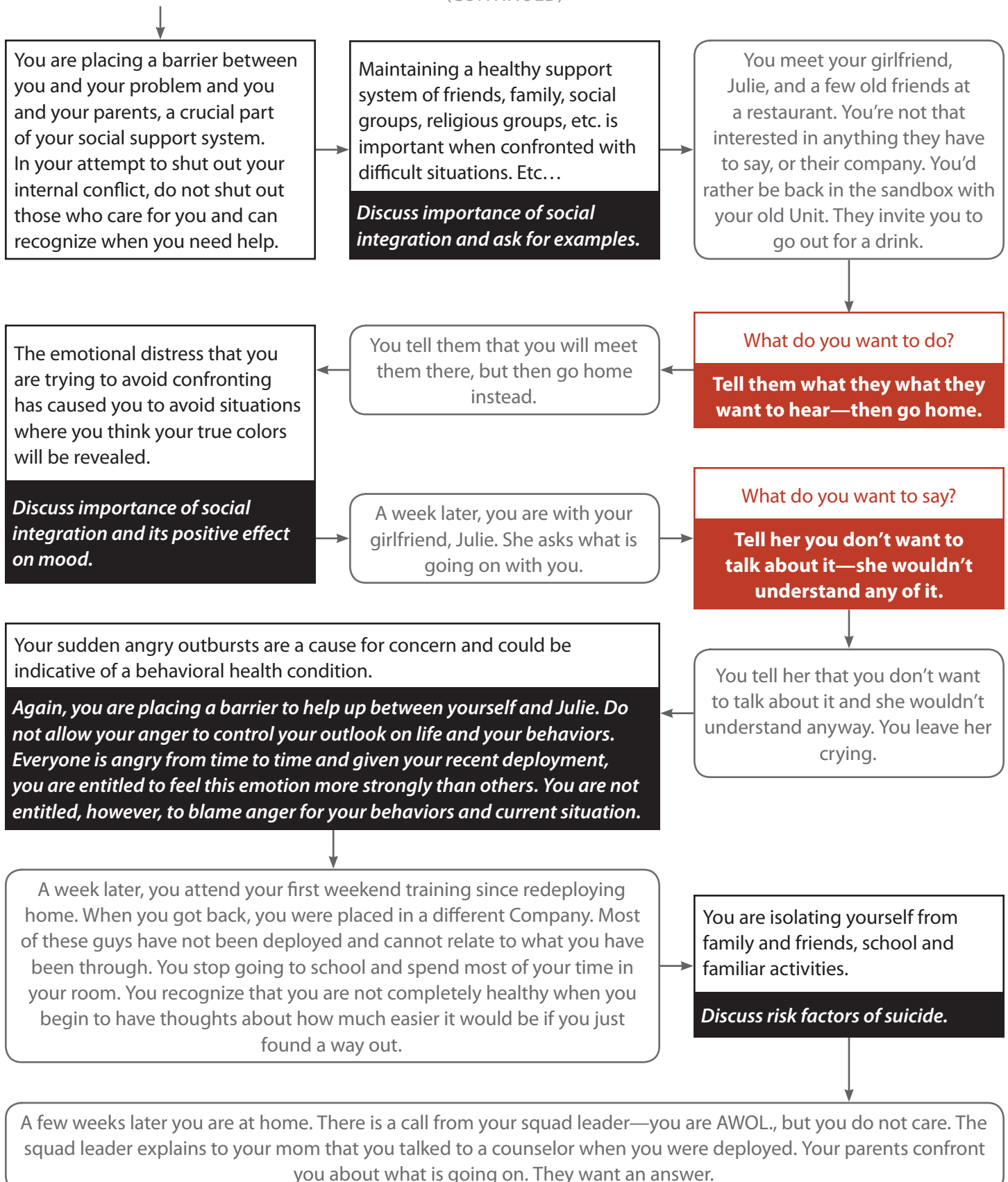
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You tell them not to treat you like a kid and leave it at that.

What will you say to your parents?

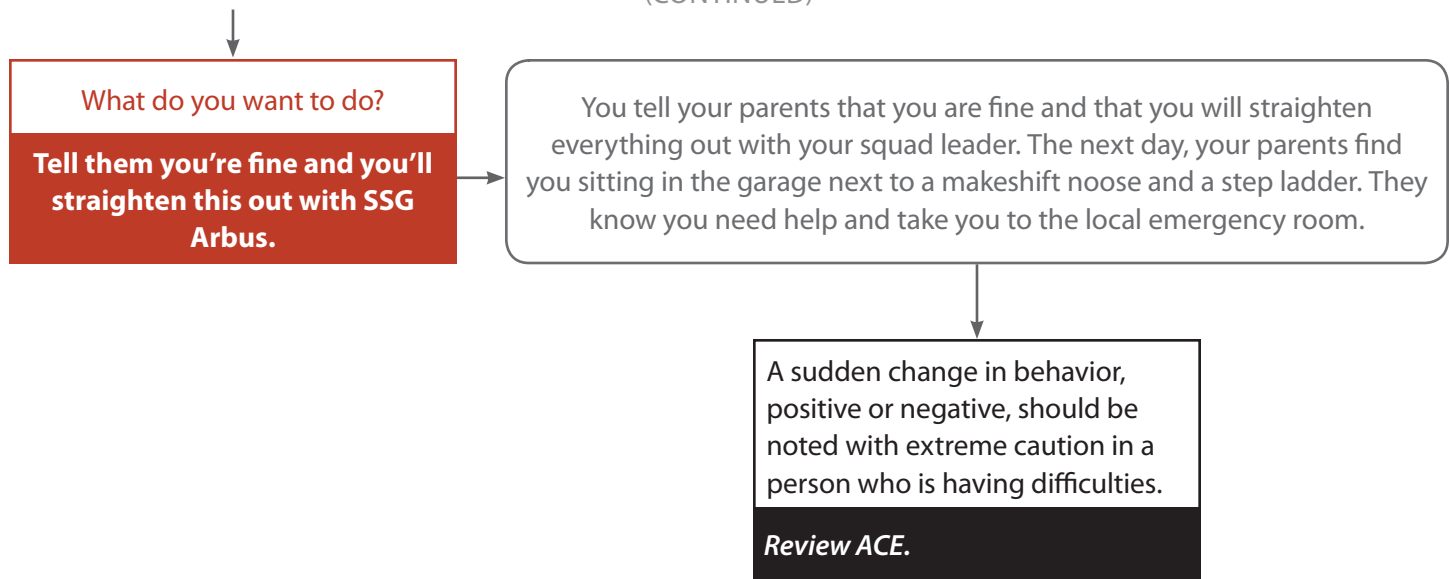
**Don't treat me like a kid.**

## ANTONIO ROSALES (CONTINUED)

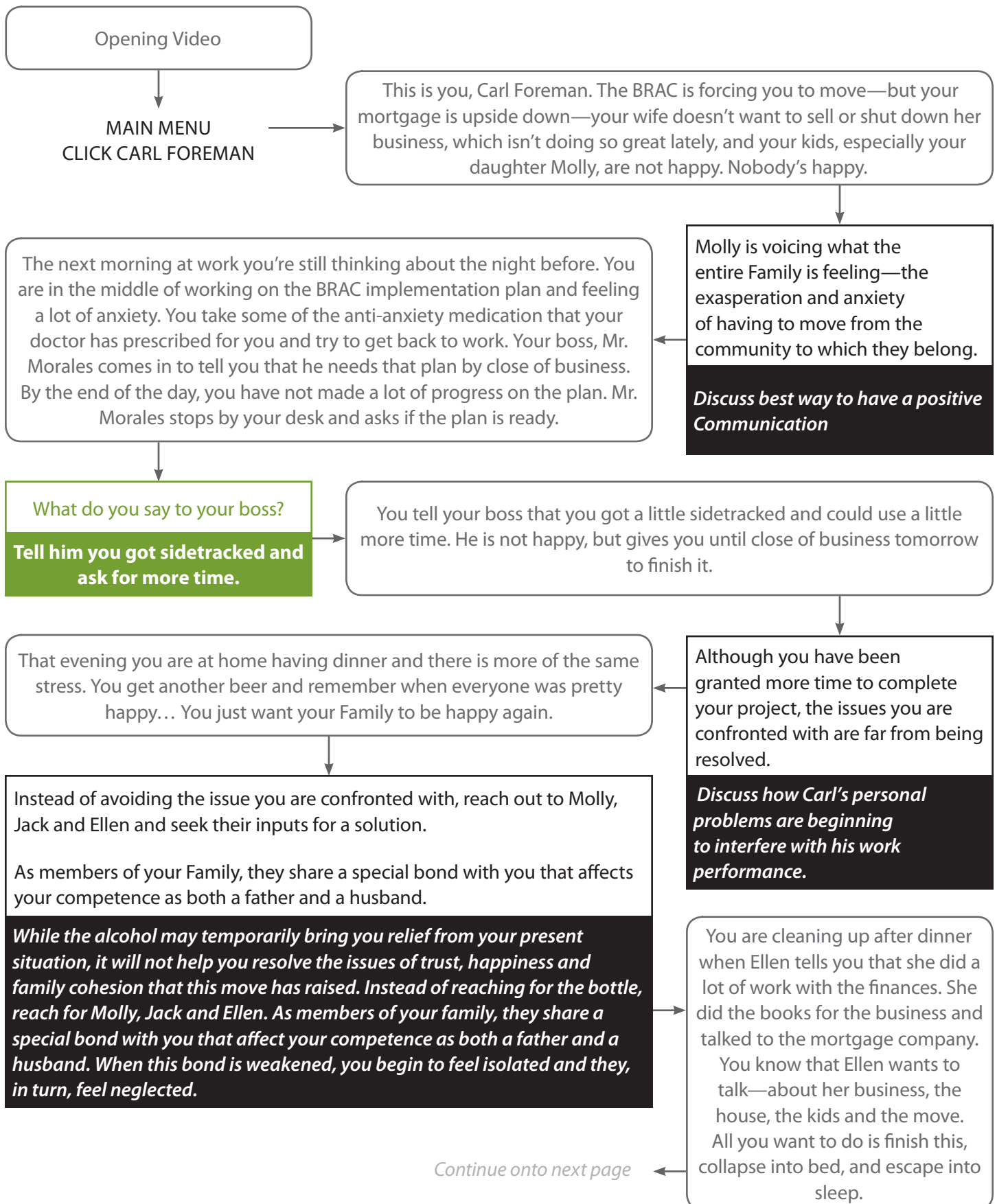


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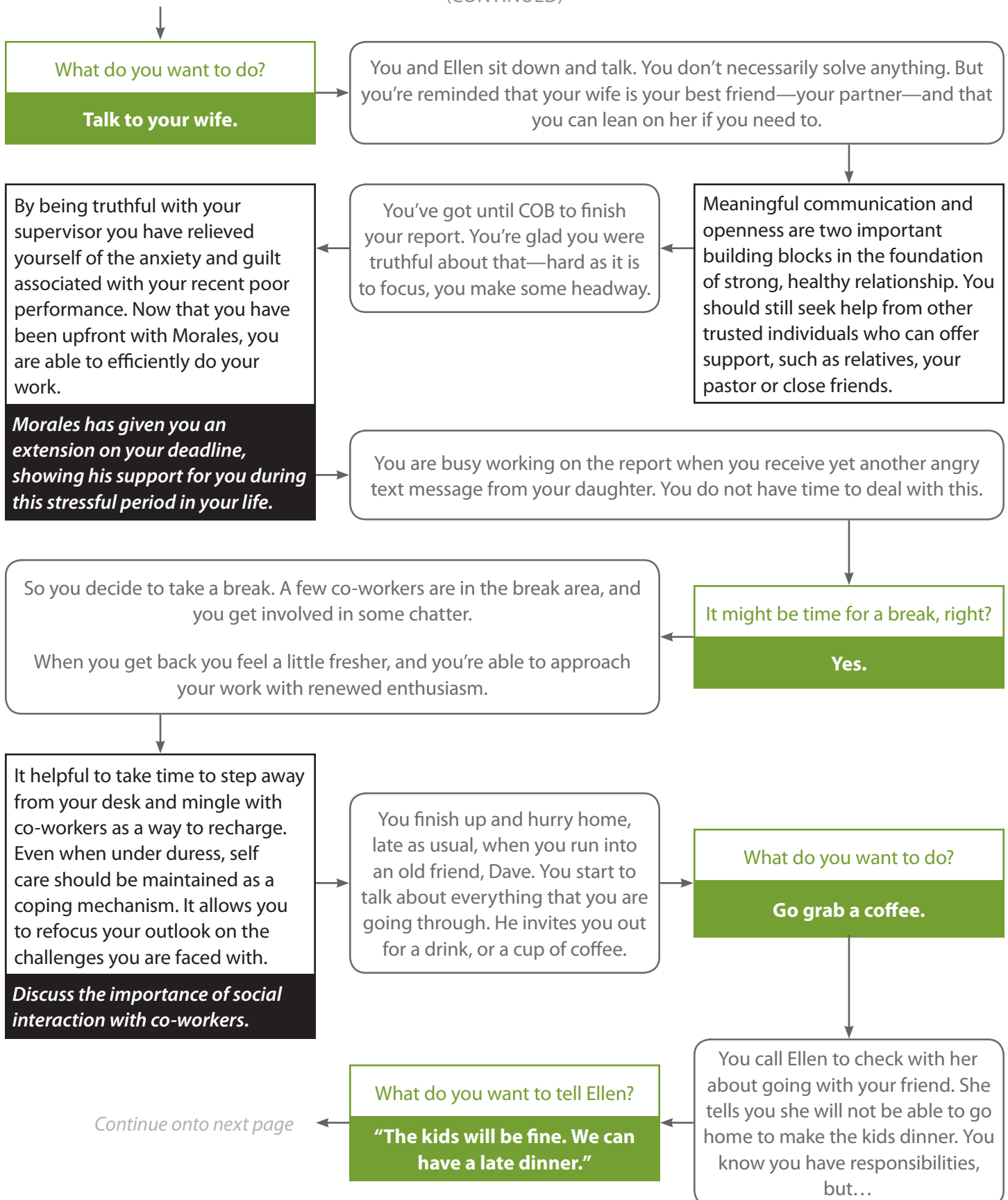
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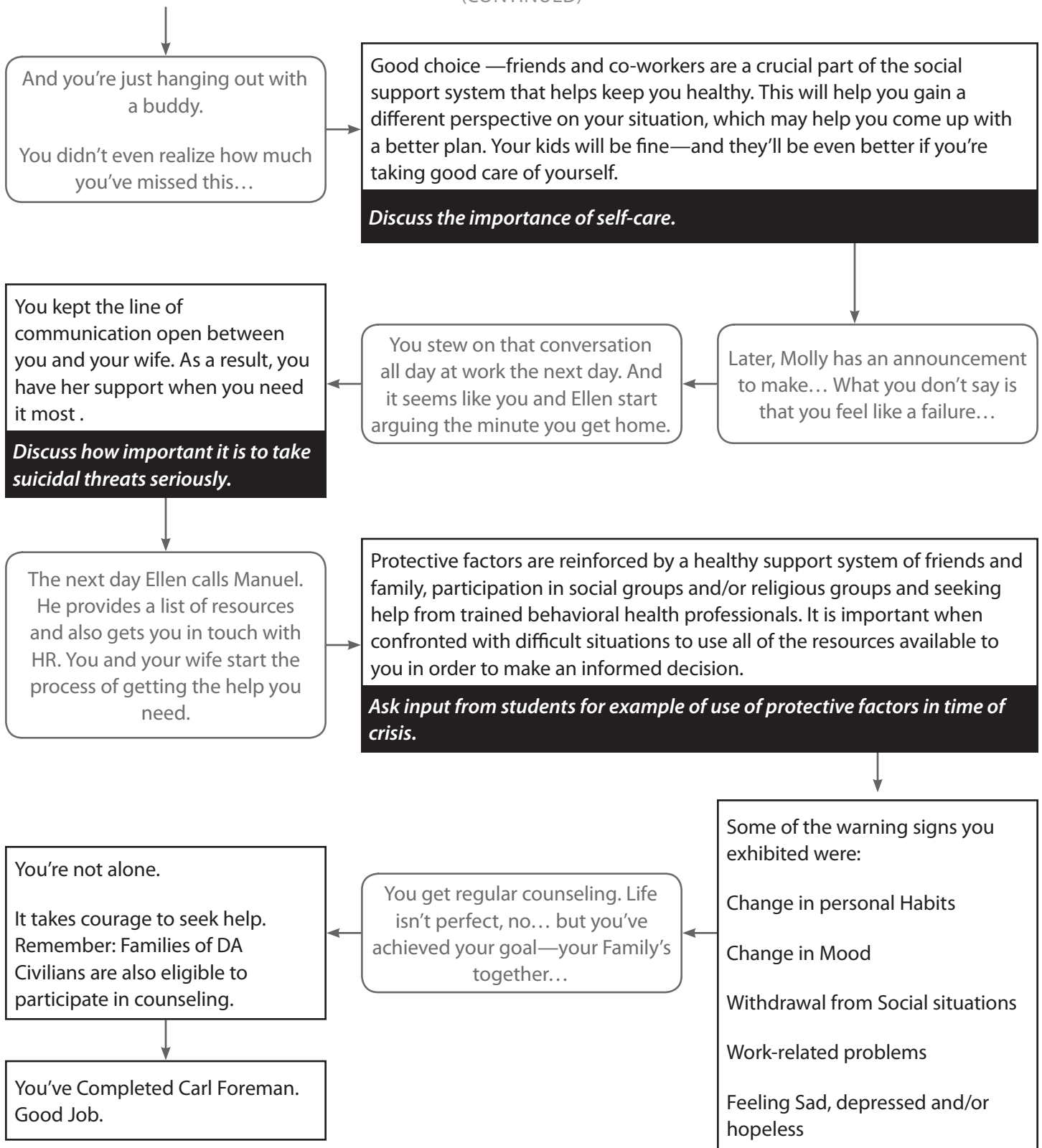
## CARL FOREMAN



## CARL FOREMAN (CONTINUED)



## CARL FOREMAN (CONTINUED)

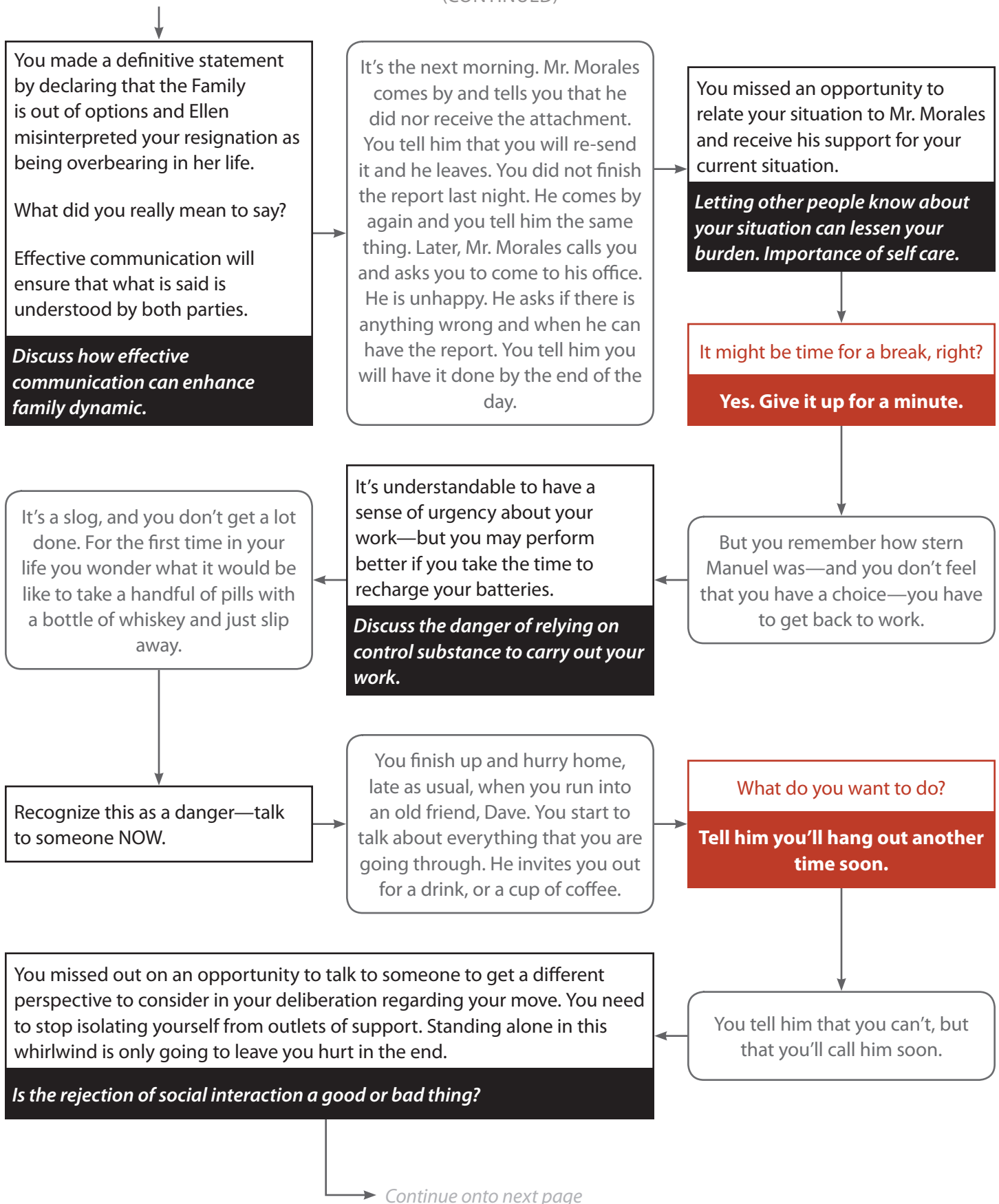




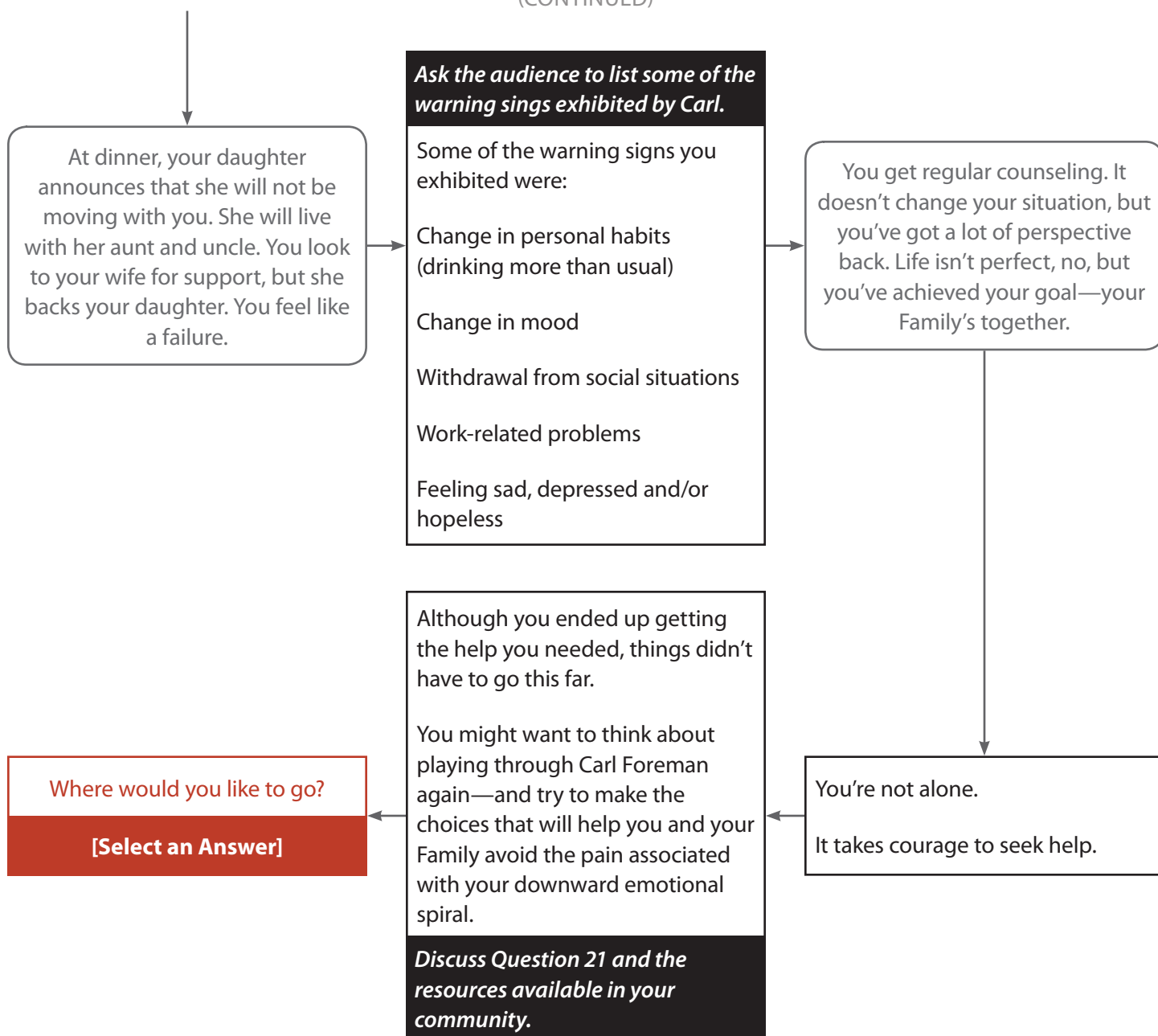
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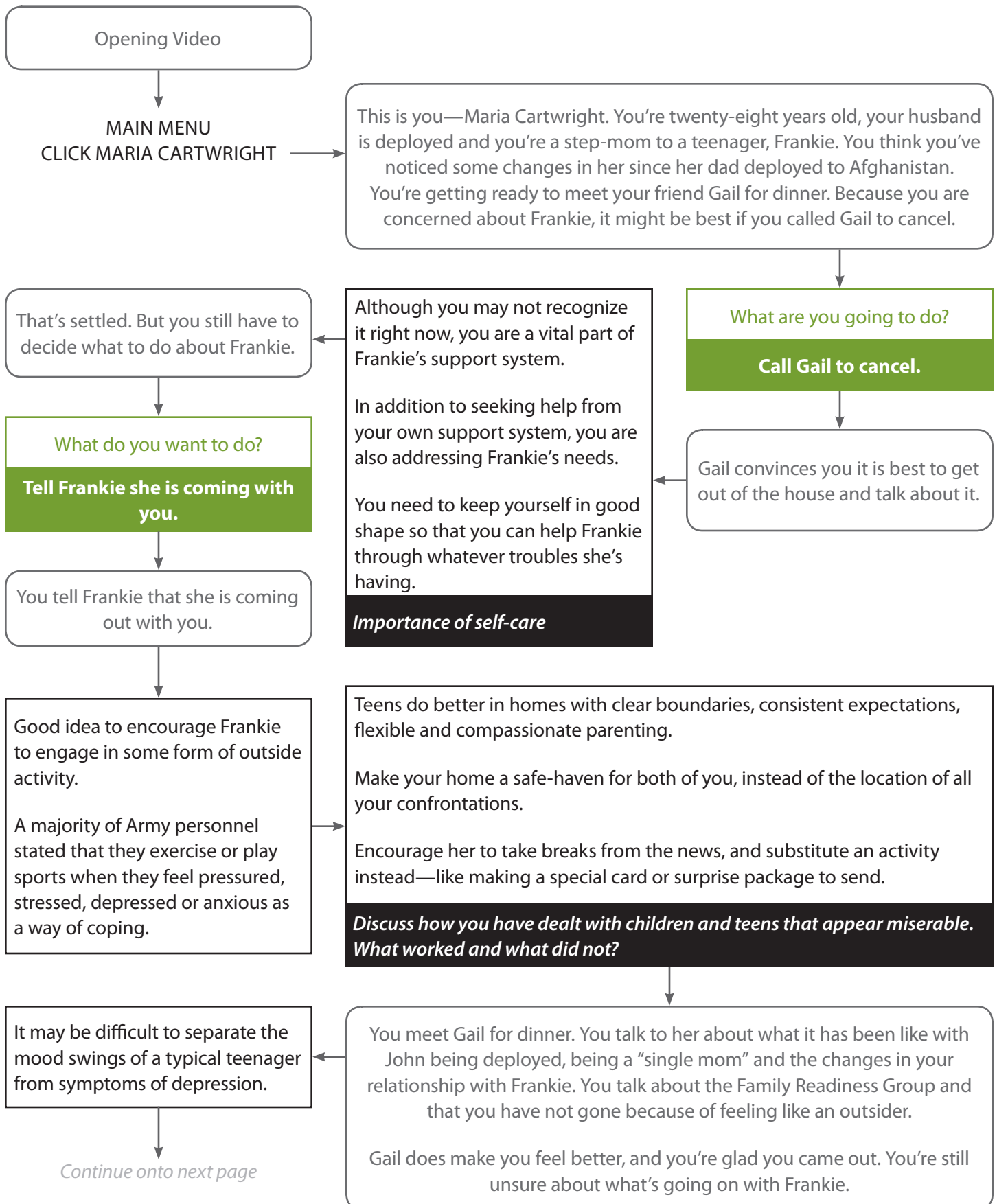
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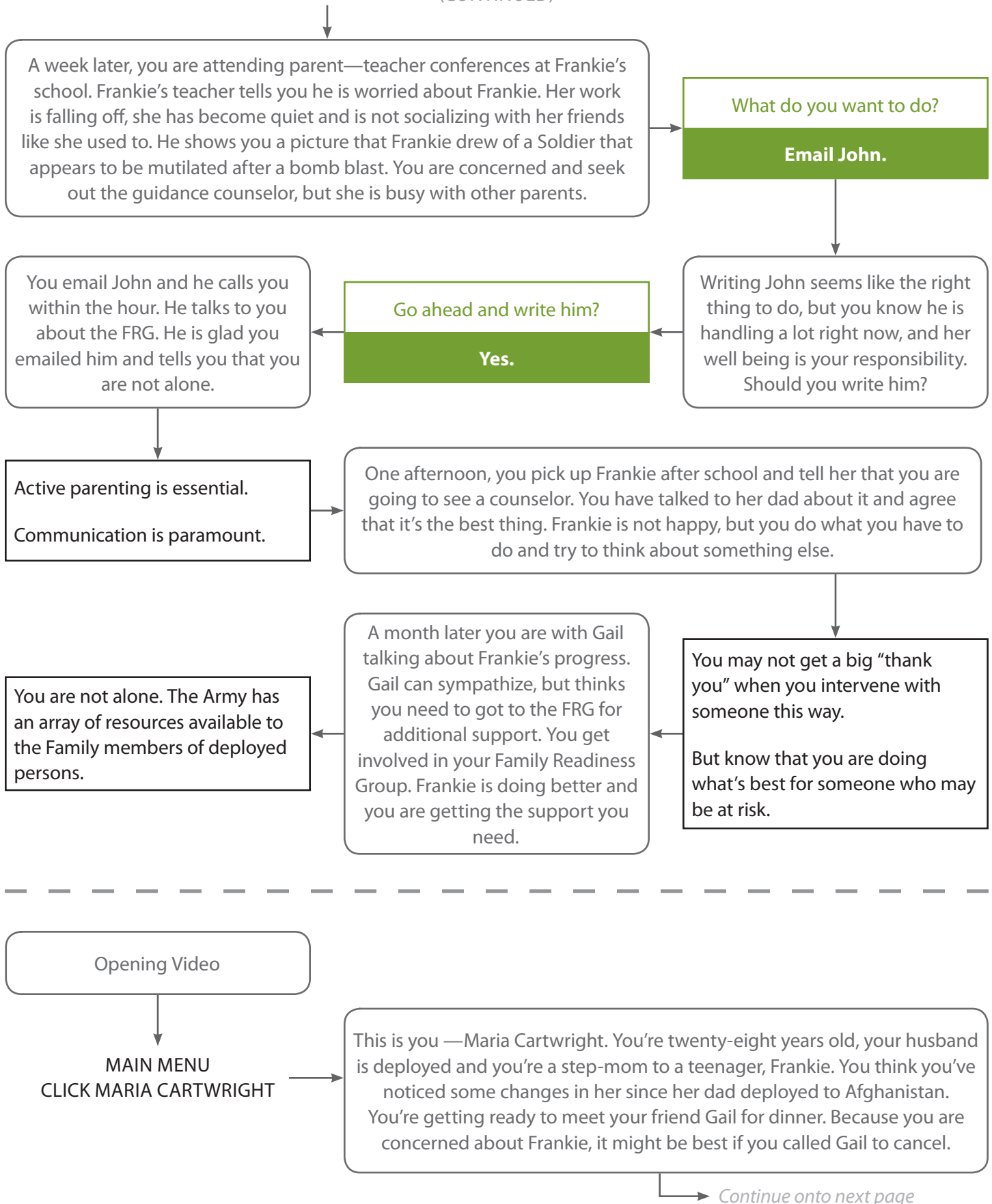
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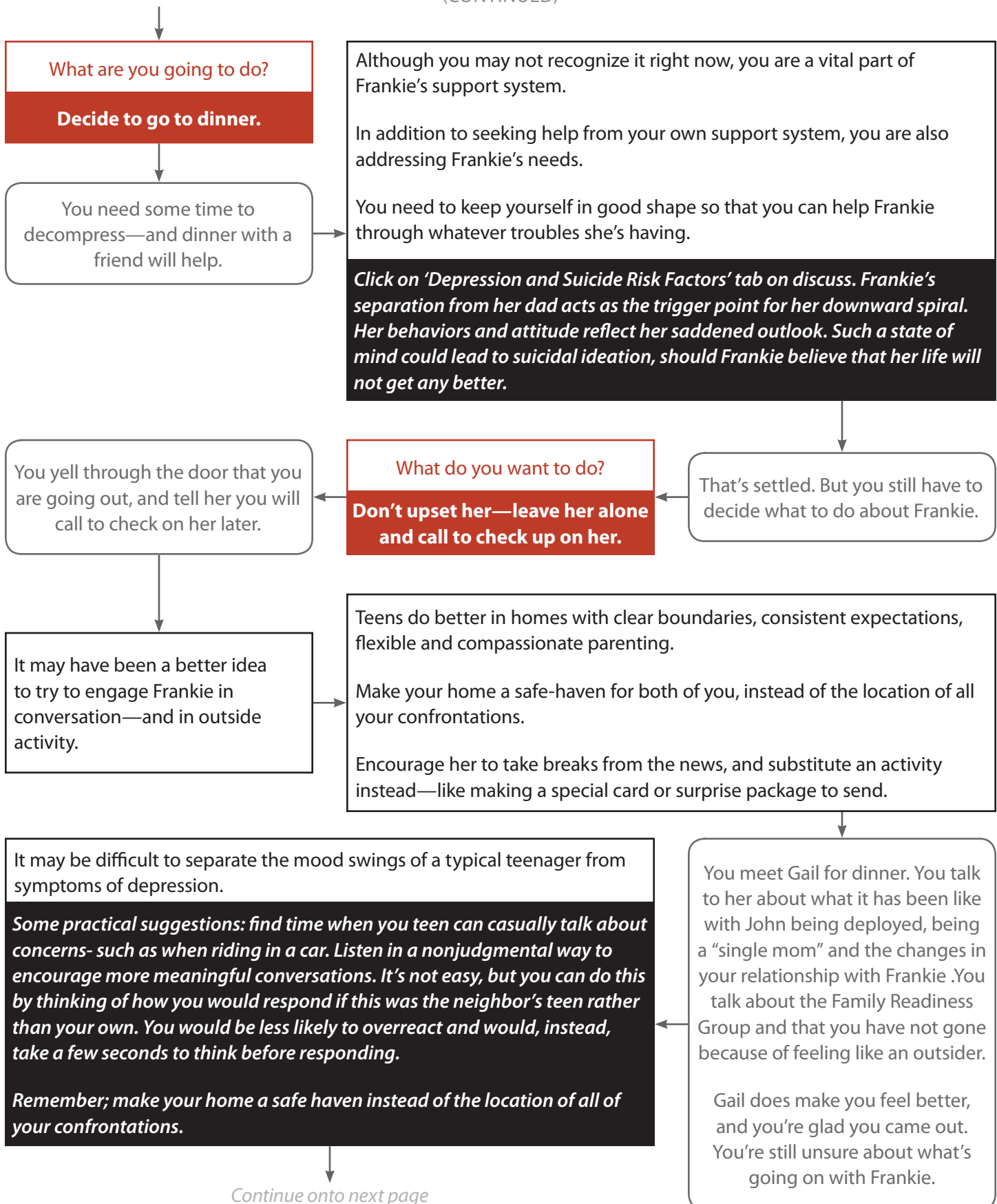
## MARIA CARTWRIGHT



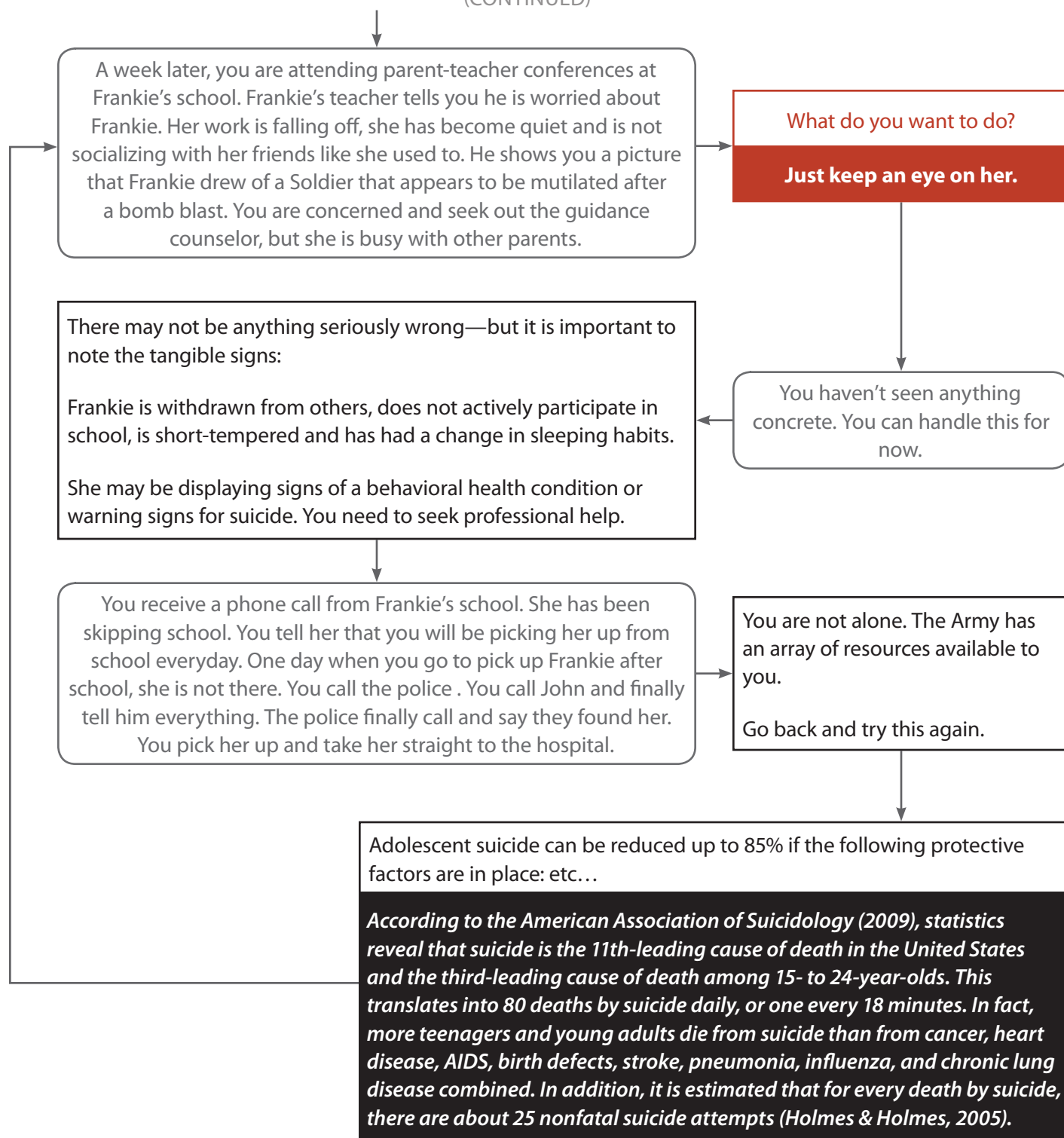
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## MARIA CARTWRIGHT (CONTINUED)



## MARIA CARTWRIGHT (CONTINUED)



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## APPENDIX D<sup>5</sup>

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5 The following 3(three) pages do not have page numbers nor headers or footers because they are images of a scanned document.





THE SECRETARY OF DEFENSE  
1000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1000

APR 18 2008

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS  
CHAIRMAN OF THE JOINT CHIEFS OF STAFF  
UNDER SECRETARIES OF DEFENSE  
ASSISTANT SECRETARIES OF DEFENSE  
GENERAL COUNSEL OF THE DEPARTMENT OF  
DEFENSE  
INSPECTOR GENERAL OF THE DEPARTMENT OF  
DEFENSE  
DIRECTOR, ADMINISTRATION AND MANAGEMENT  
DIRECTORS OF DEFENSE AGENCIES  
DIRECTORS OF THE DOD FIELD ACTIVITIES

SUBJECT: Policy Implementation – Mental Health Question, Standard Form (SF) 86,  
Questionnaire for National Security Positions

The Department of Defense (DoD) successfully advocated a revision to Question 21 on the SF86 regarding mental and emotional health. Effective immediately, DoD Components will distribute the attached letter and the revised Question 21 language to all Service members, and to all DoD Civilians occupying sensitive positions.

Until the updated SF86 (Office of Management and Budget Approval Number 3206-0005) is published later this year, all individuals completing the form will respond to Question 21, whether hard copy or in electronic format, using the revised language. DoD Components must ensure the immediate implementation of this policy. Questions may be directed to Ms. Andrea Upperman at [Andrea.Upperman@osd.mil](mailto:Andrea.Upperman@osd.mil) or (703) 604-1112.

Attachments:

1. Memorandum to All Individuals Completing the SF86 Questionnaire for National Security Positions
2. Question 21 – Revised (Feb 08)



OSD 05136-08



4/21/2008 10:57:49 AM



## OFFICE OF THE SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1000

To: All Individuals Completing the SF86 Questionnaire for National Security Positions

The purpose of this cover letter is to reaffirm that the Department of Defense strongly endorses the practice of seeking professional help to address all health-related concerns, whether mental or physical. The Department considers it a mark of strength and maturity to seek appropriate healthcare, whenever required. This is especially important for DoD, whose members are routinely exposed to traumatic events with psychological and physical impact beyond those encountered in other environments.

The Secretary of Defense has successfully advocated a revised Question 21 of the SF86 Questionnaire for National Security Positions, which asks about mental health treatment. The revised question, which is attached for reference, excludes counseling related to marital, family, or grief issues, unless related to violence by you. It also rules out counseling for adjustments from service in a military combat environment.

Seeking professional care for these mental health issues should not be perceived to jeopardize an individual's security clearance. On the contrary, failure to seek care actually increases the likelihood that psychological distress could escalate to a more serious mental condition, which could preclude an individual from performing sensitive duties.

Thus, we encourage you to seek care when necessary, knowing that getting professional assistance as needed is the best way to sustain one's ability to perform well. A grateful Nation entrusts you with its safety and wellbeing, and counts on you to maintain your mental and physical health.

Sincerely,

A handwritten signature in black ink, appearing to read "James R. Clapper, Jr.", is positioned above the printed name.

James R. Clapper, Jr.  
Under Secretary of Defense  
Intelligence

A handwritten signature in black ink, appearing to read "David S. C. Chu", is positioned above the printed name.

David S. C. Chu  
Under Secretary of Defense  
Personnel and Readiness

Attachment:  
Question 21 – Revised (Feb 08)



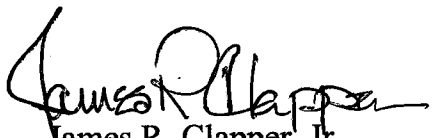
## OFFICE OF THE SECRETARY OF DEFENSE

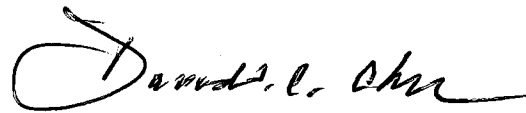
WASHINGTON, DC 20301-1000

To: All Individuals Completing the SF86 Questionnaire for National Security Positions

Until the Office of Personnel and Management publishes an updated SF86 later this year, all individuals completing the form will respond to Question 21 using the revised language, whether hard copy or in electronic format.

Sincerely,

  
James R. Clapper, Jr.  
Under Secretary of Defense  
Intelligence

  
David S. C. Chu  
Under Secretary of Defense  
Personnel and Readiness

***Standard Form 86, Question 21 – Revised  
(Feb 2008)***

***Mental health counseling in and of itself is not a reason to revoke or deny a clearance.***

*In the last 7 years, have you consulted with a health care professional regarding an emotional or mental health condition or were you hospitalized for such a condition?*

***Answer "No" if the counseling was for any of the following reasons and was not court-ordered:***

- strictly marital, family, grief not related to violence by you; or***
- strictly related to adjustments from service in a military combat environment.***

*If you answered "Yes," indicate who conducted the treatment and/or counseling, provide the following information, and sign the Authorization for Release of Medical Information Pursuant to the Health Insurance Portability and Accountability Act (HIPAA).*

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## APPENDIX E

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# THE HOME FRONT TRAINING VIDEO PRE-TEST

<b>Date (mm/dd/yy):</b> ____ / ____ / ____		<table border="1"> <thead> <tr> <th colspan="2">Army Component</th> </tr> </thead> <tbody> <tr> <td>Active Duty</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Guard</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Reserve</td> <td><input type="checkbox"/></td> </tr> <tr> <td>DA Civilian</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Family</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Army Component		Active Duty	<input type="checkbox"/>	Guard	<input type="checkbox"/>	Reserve	<input type="checkbox"/>	DA Civilian	<input type="checkbox"/>	Family	<input type="checkbox"/>
Army Component														
Active Duty	<input type="checkbox"/>													
Guard	<input type="checkbox"/>													
Reserve	<input type="checkbox"/>													
DA Civilian	<input type="checkbox"/>													
Family	<input type="checkbox"/>													
<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>														
<b>Deployment Status:</b> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> or more <input type="checkbox"/> Never Deployed <input type="checkbox"/>														
<b>Rank:</b> E1 – E4 <input type="checkbox"/> E7 – E9 <input type="checkbox"/> 01 – 03 <input type="checkbox"/> E5 – E6 <input type="checkbox"/> WO1 – WO5 <input type="checkbox"/> 04 – 09 <input type="checkbox"/>														

**1. Imagine yourself in a situation where you might be able to help someone who is demonstrating risk factors and signs of suicide. Please answer the questions by the marking the box that best fits you.**

SCALE: 1—Not at All to 5—Fully Comfortable	1	2	3	4	5
a) How comfortable would you feel helping this individual who has thoughts of suicide?					
b) Considering your current knowledge and skills, how competent would you feel helping this person with thoughts of suicide?					
c) Overall how confident are you that you would try to help this person?					

**2. Please rate your level of knowledge by marking the box that best fits you.**

SCALE: 1—Very Low to 5—Very High	1	2	3	4	5
a) Facts about suicide.					
b) Suicide risk factors and warning signs.					
c) How to ask someone about suicide.					
d) How to get help for someone who is demonstrating risk factors and signs of suicide.					

**3. The following questions are intended to assess your knowledge about suicide prevention and intervention. Please mark the box that best fits you.**

SCALE: 1—Strongly Agree to 5—Strongly Disagree	1	2	3	4	5
a) If a buddy I knew told me that he/she was thinking of suicide, I would want to get more information about his/her plan.					
b) It is harmful for me to engage in open communication when dealing with someone at risk of suicide.					
c) If a person knew was showing suggestive signs of suicide I would raise the question of suicide with him/her.					
d) If a person admits to feelings of suicide I would refer the person to a Chaplain or behavioral health professional.					
e) It is okay to leave someone alone who is thinking of suicide.					

# THE HOME FRONT TRAINING VIDEO POST-TEST

Now that you have viewed the Home Front Training Video, revisit some of the questions previously asked to assess any change in your understanding of suicide risk factors and warning signs and your confidence in being able to assist a fellow Soldier in need.

**1. Imagine yourself in a situation where you might be able to help someone who is demonstrating and signs of suicide. Please answer the questions by the marking the box that best fits you.**

SCALE: 1—Not at All to 5—Fully Comfortable	1	2	3	4	5
a) How comfortable would you feel helping this individual who has thoughts of suicide?					
b) Considering your current knowledge and skills, how competent would you feel helping this person with thoughts of suicide?					
c) Overall how confident are you that you would try to help this person?					

**2. Please rate your level of knowledge by marking the box that best fits you.**

SCALE: 1—Very Low to 5—Very High	1	2	3	4	5
a) Facts about suicide.					
b) Suicide risk factors and warning signs.					
c) How to ask someone about suicide.					
d) How to get help for someone who is demonstrating risk factors and signs of suicide.					

**3. Please answer the following questions by marking the box that most represents your answer.**

SCALE: 1—Not at All to 5—Very Much	1	2	3	4	5
a) How valuable was this interactive video training for increasing your awareness of suicide risk?					
b) How valuable was this training for improving your ability to talk about suicide?					
c) How valuable was this training for teaching you how to respond if you think your buddy is at a high risk for suicide?					
d) How clear was this training about what to do if you are the one who is thinking about suicide?					
e) How satisfied were you with the training?					

**4. Did the video stir up any emotions that were not present prior to viewing the video?**

Yes \_\_\_\_\_ No \_\_\_\_\_

SCALE: 1—Low to 5—High	1	2	3	4	5
<b>5. Please rate the overall quality of the interactive video.</b>					





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